Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15**, **2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

		i	Form 424	<u>)</u>	OMB Approval No. 034	8-0043
Application for		2. Date Submitted		ა. Applica	ant Identifier	
Federal Assistance			26-May-06			
1. Type of Submission Application		3. Date rec	eived State	State Ap	plication Identifier	
	Preaplication					
x Constuction	Construction	4. Date rec	eived by Federal	Federal	Identifier	
x Non-Constuction	Non-Construction	Agency:				
5. Applicant Information						
9	Peninsula Corrido	or Joint Po				
Address (give city, county, state					ct person (give area code,)
1250 San Carlos Av			Joel Si	avit, (650	0) 508-6476	
San Carlos, San Ma	ateo County, CA 9	4070				
			7 T CALLES	/ -	i-t- lettenie ben	T
6. Employer Identification Number	er (EIN):		7. Type of Applicant	(enter ap	propriate letter in box)	G
9 4 3152903					II. In decreased and Oaks at Da	
8. Type of Application			A. State		H. Independent School Ds	
	X		B. County	1	I. State Controlled Instituti	on
new continuation	Revision	C. Municipal		of higher learning.		
If revision, enter appropriate letter(s)			D. Township		J. Private University	
in boxes: C			E. Interstate		K. Indian Tribe	
A. Increased Award B. Decreased Award			F. Intermural		L. Profit Insitution	
C. Increase Award D. Decrease Duration			G. Special District		M. Other: MPO	
Other (specify):						
10. Catalog of federal domestic			9. Name of federal Age			
100000000000000000000000000000000000000	20.500		Federal Transit Administration			
Section 5309 Capit	al Program		11. Descriptive title of a			
12. Areas affected by project:			CA-03-0691 (Second Amendment) The following projects and amounts have been added to this grant			
San Francisco, San Mateo ar	id Santa Clara Co	unties	i ne following project	s and an	nounts have been added to	o this grant
10. B				ibla Cani	ital Enhancement: \$72.02	20
13. Proposed Project	Fud Data				ital Enhancement: \$72,02	
Start Date:	End Date:		Systemwide Track Rehabilitation: \$2,180,078			
4/4/2003	6/30/2009		North/South Terminal Track Upgrades: 932,822 Caltrain Maintenance Facility: \$13,547			02,022
15 Estimated Funding			Callian	i Mailitei	lance racinty. \$15,547	
15. Estimated Funding	¢2 409 467	14 Canara	l Districts of:			
a. Federal	\$3,190,40 <i>1</i>	-	ssional Districts of:	l		
b. Applicant		a. Applicar		B. Proje		
c. State			14, 15 & 16		8, 12, 13, 14, 15 & 16	
d. Local	\$566,412					Vaa
f. Program Income		16. Is appli	preaplication/application	by state e	executive 12372 process?	Yes
e. Other g. TOTAL	\$3,998,085	-	cutive order 12372 proce			
17. Is the applicant delinquent	ψ0,550,000	Date:	salive order 12072 proof	300 101101		
on any federal debt?		b. No	Program is not covered by E.). 12372			
Yes.(attach an expl	anation)	or	or program has notbeen			
x No.	anadon)	°'	_ or program has house	511 0010010	a sy state is remen	
18. To the best of my knowled	ge and belief all do	l ata in this ai	onlication preaplication	n are tru	e and correct	
The document has been duly a						
with the attached assurances if			ay or the applicant and	a inc app	Juliani ilii oompiy	
a. Typed Name of Authorized Represe		. 404.	b. Title		c. Telephone Number:	
Michael J. Scanlor			Executive Director		(650) 508-6221	
			1-2000111		e. Date Signed	
d. Signature of Authorized repr					5/27/06	
		The same of the sa	ang pada kan da kanang karang marang mga mga kanang kanang kanang mga mga mga mga mga mga mga mga mga mg			

RECEIVED

JUN 0 1 2006

STATE CLEARING HOUSE

Application for F	ederal Assis	tance SF-424				Versi	on 02
* 1. Type of Submission	on:	2. Type of Application:	* If Revision, select appropriate letter(s):				
Preapplication		☑ New					
✓ Application		Continuation	Other (Spe	cify)			
Changed/Corrected	d Application	Revision					
*3. Date Received: 4, Applicant Identifier:							
Completed by Grants.gov u	pon submission.						
5a. Federal Entity ider	ntlfler:		* 5b. Fed	lerel Award Ident	tifler:		
State Use Only:							
6, Date Received by 5	State:	7. State Application	(dentifier:				
8. APPLICANT INFO	RMATION:					**************************************	
a. Legal Name: Ch	ristian Church Ho	mes of Northern California				RECENT	
* b. Етрірует/Техраує	er Identification N	lumber (EIN/TIN):	₹c. Orga	nizational DUNS	S : ,	TILLED	1
946077407			07629294	45		JUN 0 1 2006	
d. Address:			•			STATE CI EARING HOUSE	
- Street1;	303 Hegenberger	Road, Suite 201		A 21 MARK 1 1861 971		HOUSE	
Street2:				• • •			
▼ City:	Oakland						
County:	1 (0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
• State:				CA: California			
Province;	· · · · · · · · · · · · · · · · · · ·						
* Country:	0.400.4	· . U	SA: UNITE	D STATES		<u> </u>	
* Zip / Postal Coda:	• •	,		1411400177000			
e. Organizational Ur	nit: 		_				
Department Name:			Division I	Name:			
f. Name and contact	Information of	person to be contacted on r	natters Inv	olving this app	lication:		
Prefix:		* First Name	: Kendra			* * * * * * * * * * * * * * * * * * * *	
Middle Name;		CH CH CHILD					
* Last Name; Robert	(\$						
Suffix:					•		
Title: Development/M	1arketing	.,,,	****	ana (r			
Organizational Affiliation	on:						
					1 10 10 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1		
" Telephone Number:	510-632-67 1 2 ex	xt 133		Fax Number:	510-632-6704	4	
*Email: kroberts@c	schnc.org						
					······································		

Application for Federal Assistance SF-424 Version	n 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3; Select Applicant Type:	
Other (specify):	
↑ 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Title:	
Supportive Housing for the Elderly	
* 12. Funding Opportunity Number:	
FR-5030-N-22	
* Title:	
Section 202 Supportive Housing for the Elderly	
13. Competition (dentification Number:	
S202-22 Title:	
TIME:	
·	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Richmond, County of Contra Costa, State of California	
* 15. Descriptive Title of Applicant's Project:	
Construction of 49, one-bedroom affordable housing units for elderly persons and one, two-bedroom unit for a resident manager, in Richmond, CA.	
	-
Attach supporting documents as specified in agency instructions.	
Adolesi (derimenta) (Dania Steechman) Manakakke Manakak	

Application	for Federal Assistan	ce SF-424				Version 02
16. Congressio	nal Districts Of:					
* a. Applicant	9			† b. Prograп	n/Project 7	
Attach an addition	onal list of Program/Project	Congressional Districts If ne	eded.			
		JelaO (John Marketta)	te Atlachm	ent View Attachr	nent	
17, Proposed P	roject:					
* a. Start Date:	11/01/2006			" b. E	End Date: 11/01/2046	
18. Estimated F	Funding (\$):					
* a. Federal		6.014,400,00				
* b. Applicant		0.00				
* c. State		0.00				
f d. Local		0.00				
* e, Other		0.00				
*f. Program Inc	ome	0,00				
g. TOTAL		6,014,400.00				
c. Program is ' 20. Is the App Yes 21, "By algning herein are true comply with a may subject m ' " I AGREE " The list of cer	a not covered by E.O. 1237 plicant Delinquent On An No Exp this application, I certify complete and accurate by resulting terms if I accurate to criminal, civil, or ad tifications and assurances.	y Federal Debt? (If "Yes", planation (1) to the statements cont to the best of my knowled cept an award. I am aware ministrative penalties. (U.:	provide e tained in f ige. I also that any f S. Code, 1	xplanation.) the list of certific provide the requalse, fictitious, critic 218, Section	rations" and (2) that the etatements ulred easurances" and agree to or fraudulent statements or claims in 1001) ained in the announcement or agency	
Authorized Re						
Prefix:		* First Name:	Don			
Middle Name:						
* Last Name:	McCreary	*** *** ** * * * * * * * * * * * * * *				
Suffix:		-				-
* Title: Presid	lent/CEO					
Telephone Nu	mber: 510-632-6712			Fax Number:		
• Email: dmc	creary@cchnc.org	13.6 (1.9		·		
• Signature of A	uthorized Rapresentative:	Completed by Grants gov upon au	ubmission.	* Date Signed:	Completed by Granta.gov upon submission.	

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APPLICATION FOR FEDERAL ASSISTAN	ICE Zedates	NEWLIFED THE STATE OF THE STATE	Version 770s
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☑ Construction	Commutation 4 DATE R	ECENTED BY FEDERAL AGENCY. (FEDERAL GRAMM)	The state of the s
F. APPLICANT INFORMAT	Nan Contraction	A DESCRIPTION OF THE PROPERTY	And the state of t
Community Housing Develo	prient Corporation of Nath Sphinong	Organizatione (Units) Dispatrition (Units)	the second of th
Organizational Duns: 88-7643783 Address:	A service of the serv	potentia nella militaria di Distributa di Anglanda del Caramana di	
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Richmond	and the state of t	ASAM BENEFIT OF THE PROPERTY O	And the state of t
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6 EMPLOYER IDENTIFICA	anneg of during and drower a long to another during	Emelli Jeckson (Scholer Jebra Prione (Vumber (glos) med Schol	ambr (J)= pre code)
8 B D Z 3 E 7 F	the print of the second of the	510 412 9290 546 7. TYPE OF APPLICANT, (\$88 9200 0110)	(15-927G
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Other (apecify)	ion of leders.	Cital Section of the Control of the	Annual Control of the
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and the control of th	ROJECT (Ciles, Countes, States) St.	and the same of th	
Cay of Richmona, County of	m's tree in the second of the	GONGRESSIONAL DISTRICTS OF	According to the property of t
Stan Dive:	THE PROPERTY OF THE PROPERTY O		Adition of the control of the contro
15 ESTIMATED FUNDING:	Superior de la contra del la contra	ORCER 2273 PROCESS	
B: Applicant	\$ 50014 400	A Yes DI THE PREAP PURATIONAP PLA AVAILABLE TO THE STATE EX PROCESSION DEVIEW ON	ECUTIVE ORDER 12372
C. Sing	A perpendid to a period of the control of the contr	DATE 5/2/2008	
es Char.	The second secon	H NA TIPROGRAMIS NOT COVERED E	The mark that the state of the
f. Frogram Income	Secretary of the secret	17 IS THE APPLICANT DELINQUENT ON A	and distributed on the state of
TOTAL	6.014.406	Tes disks an exception	No.
ATTACHED ASSURANCES I	THE ASSISTANCE IS AWARDED	THIS APPLICATION PREAPPLICATION ARE TRUE AND THE APPLICANT WILL	CORDINGUED THE
Prefect	Erst Nathe	Migrae Name	the personal transfer of the second s
Lest Name Groos	the state of the s		
Exactitive Director	Application of the second seco	STEEDOOR VUMBE OVE 123	
Frevious Edition Usable	(A)	The state of the s	ard Form (29 (Rev. 8-2003)
		Sunday and the state of the sta	
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Application for	Federal Asals	tance	SF-424					Version 02
* 1. Type of Submiss	qov.	* 2. Typ	e of Application:	* if Revision, select a	openopriste	letter(s):		
Prespelication		Z New			-			
✓ Application			prumpon	" Cither (Specify)				
Changed/Corrected Application Revision								
* 3. Data Received: 4. Applicant Identifier;								
Complesed by Grants.gov	upon manningion.		.,					
5a. Federal Entity Ide	entifier:	•	-15/	• 5b. Federal Awa	and Identifi	er:		
State Use Only:							Variationic	
6. Date Received by State: 7. State Application			on Identifier:					
B. APPLICANT INFO	DRMATION!		-		·			
* a. Legal Name: P	etaluma Ecumenio	al Prope	rties					
* b. Employer/Texpe	yer Identification N	umber (E	N/TN):	* c. Organization	WI DUNS:			
94-2565270				027336032	Jean			
d. Address:	· · · · · · · · · · · · · · · · · · ·	*						
* Street1: 3920 Cypress Drive, Sulta B				10 PR 17 W				
Street2:							"	
- City:	Petaluma			and the same of th			- Contraction	
County:	Sonoma						1 1	DEAFILE
* State:				CA: Call	fornia		1_"	JUN 0 1 2006
Province:	, a 1 (a)							JUN 0 1 2000
* Country:	· · · · · · · · · · · · · · · · · · ·			USA: UNITED STAT	TES			
* Zip / Postal Code:	B4954-7603	W 111		taklant (STA	TE CLEARING HOUSE
e, Organizational I	Unit:							TOO La
Department Name:				Division Name:	•			
						and the second s		
f. Name and conta	et information of	pereon (to be contracted or	matters involving	mis appile	union:		
Prefix: Mr.			* First No	me: Robert				
Middle Name:						· · · · · · · · · · · · · · · · · · ·		
* Last Name: Dreher								
Suffix:					- ,, -, -			
Title: Director of H	lousing Developme	ınt						
Organizational Affilia	stion:							
* Telephone Numbe	r. (707) 702-2396)		Fax	Number:	(707) 762-4857		
" Email: bobd@p	ebyanejuā çali				and an average of the second			

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Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type;	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	Hade to
Type of Applicant 2: Select Applicant Type:	
- Address Andress Andr	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10, Name of Federal Agency:	 -
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14,157	
CPDA Title:	
Supportive Housing for the Elderty	West III at a war
* 12. Funding Opportunity Number:	
FR-5030-H-22	
* Title:	
Section 202 Supportive Housing for the Elderty	
13. Competition Identification Number:	
S212-22	
Title:	
14. Aresa Affected by Project (Cities, Counties, States, etc.):	Mark to the second seco
City of Petaluma, County of Sonoma, State of Celifornia	
• 16. Descriptive Title of Applicant's Project:	with rental
Casa Grande - 58-unit (57 + 1 mgr unit) affordable senior rental housing targeted to very low and extremely low income elderigesistance contract.	
Absch supporting documents as specified in agency instructions.	
MARKET STATES OF THE PROPERTY	

Application for	Federal Appletance SF-424	Version 02
18. Congressional	Districts Of:	
a. Applicant 8	* b. Program/Project 5	
Attach an additional	ilet of Program/Project Congressional Districts if needed.	:
	Process (March 1997) William Contracted	
17. Proposed Proje	ct:	
. a. Start Date: 06/	01/2007 b. End Date: 06/01/2048	
10. Estimated Fund	Ing (5):	
* a. Foderal	4,993,500.00	
* b. Applicant	10,000.00	
* c. State	3,950,000.00	:
* d. Local	2,237,600.00	:
" e. Officer	6,596,868.00	,
* f. Program kicome	0.00	:
g. TOTAL	17,787,868.00	
* 20. is the Applica	nt Delimpert On Any Federal Debt? (If "Yee", provide explanation.) No Versionaliss	
herein are true, or comply with any n may subject me to	e application, I certify (1) to the statements contained in the list of certifications ²² and (2) that the provide and eccurate to the best of my knowledge. I also provide the required essurances ²⁴ are swifting terms if I accept an award. I am aware that any false, flottlous, or fraudulent statement oriminal, civil, or administrative permittee. (U.S. Code, Title 218, Section 1901) ations and assurances, or an internet site where you may obtain this list, is contained in the announcement.	a egree to
Authorized Repres	peniativa:	:
Prefix	* First Nems: Mary	
Middle Name:		:
* Last Name: St	Simple	
Suffix:		
"Tide: Exective	Director	:
* Telephone Number	r. (707) 782-2936 Fax Number: (707) 782-4657	
	e@pophaualog.org	
	prized Representative: Completed by Grants gov upon submission. * Data Signed: Completed by Grants gov	puir externisators.
- Signature of Author	TIESE REPRESENTATE	

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Cllary Atop 6/1/06 Standard Form 424 (Revised 10/2006)
Proscribed by OMB Circular A-102

Application	for Federal Assi	stance SF-424			Vers	ion 02
* 1. Type of Sub	mission:	* 2. Type of Application:	* If Revision, nederal repropriete letter(s):			
Prespplication	n	☑ Now				
		Continuation	" Cither (Specify)			
Changed/Con	rected Application	Revision	and a state of the		:	
* 3. Date Received: 4. Applicant Identifier;						
Completed by Grents	s,gov upon aubmission.				:	
5a. Federal Entit	y Mentifler:	V.(0.16)44.	* 5b. Federal Award Identifier:		·	
State Use Only:	· · · · · · · · · · · · · · · · · · ·				:	
6. Date Received	d by Steta:	7. State Applicat	on Identifier:	~~	**************************************	
8. APPLICANT	INFORMATION:					
* & Lugal Name:	: Petakuma Ecumeni	ical Properties				
* b. Employer/Ta	apayar identification N	iumber (EIN/TIN):	* c. Organizational DUNS:		A CONTRACTOR OF THE PROPERTY O	7
94-2585270			027336032	HE(EIVED	
d Address:					0 1 2006	
* Street1:	3920 Cypress D	rive, Suite B	Hell server. III has server as a		:	
Street2:	- I - I - I - I - I - I - I - I - I - I			STATE CL	EARING HOUSE	
" City:	Peteluma				A STATE OF THE PARTY OF THE PAR	
County:	Sonoma	ANI-V-				
* State:	71		CA: Galifornia	I Para	:	
Province:		12 DESTINATION DEL	MIII IAB		•	
* Country:			USA: UNITED STATES			
" Zip / Postal Co	de: 94954-7603	WITH THE PROPERTY OF THE PROPE			:	
a. Organization	ral Unit:				:	
Department Nan	ne:		Division Name:			
	the state of					
f. Name and oc	ninct information of	person to be contacted or	metters involving this application:			
Prefix:	Mr.	* First No	Robert	THE PERSON NAMED IN COLUMN NAM	1	
Middle Name:	,					
* Last Name:	Destrer			4. X. 4. 1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	:	
Suffic						
Tide: Director	of Housing Developm	m/t			:	
Organizational A	Milleton:		· · · · · · · · · · · · · · · · · · ·			
					:	
* Telephane Nur	mber: (707) 782-233	8	Fax Number: (707) 76	2.4657		
* Emeil: babd	(Copenhausing.org					
	Autorian Mr. et R					-

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Application for Federal Assistance SF-424		Version 02
9. Type of Applicant 1: Select Applicant Type:		
M: Nonprofit with 601C3 IRS Status (Other than Institution of Higher Education)		_
Type of Applicant 2: Select Applicant Type:		<u>.</u>
		_
Type of Applicant 3: Select Applicant Type:		
		_
* Other (specify):		
WANTED THE WAY TO		
*10. Name of Federal Agency:		
US Department of Novelng and Urban Development		
11. Catalog of Federal Domestic Assistance Number:		
14.167		
CFDA Title:		
Supportive Housing for the Elderly		
* 12. Funding Opportunity Number:		
FR-5030-N-22		
P TIGE:		
Section 202 Supportive Housing for the Elderly		
13. Competition Identification Number:		
8202-22		
Title:		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
City of Petalume, County of Schome, State of California		
]		
* 15, Descriptive Title of Applicant's Project:		
Cess Grande - 56-unit (57 + 1 mgr unit) affordable senior rental housing targeted to very low and extremely low income elderly	with rental	
assistance contract.		
		i
Assch supporting documents as specified in agency instructions.		
The second secon		

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QMB Number: 4040-0004 Expiration Date: 07/31/2006

Application (or Federal As	sistance SF-424				Version 02
16. Congression	nel Districte Of:					
e. Applicant	В			* b. Program/Project	6	
Attach en additio	nul list of Program	/Project Congressional Di	stricts if ne	aded.		
		Note that the second second				
17. Proposed Pr	roject					
* a. Start Date:	08/01/2007			* b, End Date:	06/01/2048	
10. Estimated F	unding (\$):					
* a. Federal		4,993,600	0.00			
* b. Applicant		10,000	0.00			
* c. State		9,960,000	0.00		:	
* d. Locel		2,237,500	0.00			
* a. Other		6 ,596 ,85	3.00			
* f. Program Inco			0.00		:	
1 TOTAL		17,787,85	5.00			
	not covered by E. floers. Delirequer	t On Any Federal Debt?	(tf <u>"Y</u> oo", (provide explanation.)		
21. "By eigning this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements harein are true, complete and accurate to the best of my knowledge. I also provide the required securities" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulerd statements or claims many authorities to criminal, civil, or administrative permittee. (U.S. Code, Title 218, Section 1601) ———————————————————————————————————						
Authorized Rep	resentativa:					
Prefix		 	ret Neme:	Mary		
Middle Name:			N197			
* Lost Name:	Stompe					
Suffix		Doctor				
"Tite Exact	ve Director					
* Telephone Nur	nber: (707) 782-4	236		Fex Number: (707) 782-4	667	
• Erreii); moto	mpe@pephenship	i.org				
* Signature of A	discrete Represe	Completed by Grant	e Gan riban sa	ibmission. * Date Signed; Complete	d by Guanta.gov upor	submission.

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Clay For 6/106 Standard Form 424 (Revised 10/2006)
Prescribed by OMB Circular A-102

Application for Federal As	sistance SF-424	**	Version 0	
* 1, Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(9):	
Preapplication	✓ New			
✓ Application	Continuation	* Other (Specify)		
Changed/Corrected Application	Revision		RECEIVED	
* 3, Date Received:	4. Applicant Identifier:			
Completed by Grants.gov upon autimission).		JUN - 2 2006	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier;	STATE CLEARING HOUSE	
			The state of the s	
State Use Only:				
6. Date Received by State:	7. State Applica	tion identifier:		
8. APPLICANT INFORMATION:				
* a. Legal Name: BRIDGE Housin	ng Corporation			
* b. Employer/Taxpayer Identification		* c. Organizational DUNS:		
942827909		132753625		
d, Address:				
* Street1: 345 Spear S	treet, Suite 700			
Street2:				
* City: San Francis	co			
County: San Francis	co			
* State:		CA: California		
Province;				
• Country:		USA: UNITED STATES		
*Zip / Postal Code: 94105				
e. Organizational Unit:				
Department Name:		Division Name:		
	<u> </u>			
f. Name and contact information	n of person to be contacted	on matters involving this application	on:	
Prefix: Mr.	* First h	Name: Kevin		
Middle Name: Christopher				
* Last Name: Griffith				
Suffix:				
Title: Senior Project Manager				
Organizational Affiliation;				
a. Bailing and a state of a state				
BRIDGE Housing Corporaiton				
	1111	Fax Number: (415) 495-4898	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	-
Type of Applicant 3; Select Applicant Type:	
	• • •
* Other (specify);	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Title:	
Supportive Housing for the Elderly	
* 12. Funding Opportunity Number:	
FR-5030-N-22	
* Title;	
Section 202 Supportive Housing for the Elderly	
13. Competition Identification Number:	
5202-22	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of San Francisco, County of San Francisco, California	
* 16. Descriptive Title of Applicant's Project:	
Armstrong Place Senior Housing	
Attach supporting documents as specified in agency instructions.	
App. Atta-means. Deens Ameriments. 2012. Reconsols.	
WALL Commission and Commission of the Commission	

			Version 02
16. Congressional Districts Of:			
* a. Applicant 8		* b. Program/Project	8
Attach an additional list of Program/	Project Congressional Districts if n	eeded.	•
	##XVICATE ANJERRY Dela	to Attachment View Attachment	
17. Proposed Project:			
* a. Start Date: 03/01/2008		* b. End Date:	05/01/2009
18. Estimated Funding (\$):			
* a. Federal	8,959,464.00		
* b. Applicant	10,000.00		
* c. State	0.00		
* d. Local	5,800,000.00		
* e. Other	8,700,000.00		
* f. Program Income	0.00		
g. TOTAL	23,469,464.00		
* 20. is the Applicant Delinquent	On Any Federal Debt? (If "Yes",	, provide explanation.)	
* 20. is the Applicant Delinquent	On Any Federal Debt? (If "Yes".	, provide explanation.)	
/			
Yes 🗸 No	Explanation		
Yes No 21. *By signing this application, herein are true, complete and accomply with any resulting terms may subject me to criminal, civil	Explanation I certify (1) to the statements concurate to the best of my knowled if I accept an award. I am aware I, or administrative penalties. (U	ntained in the list of certifications** edge. I also provide the required as a that any false, fictitious, or fraudu I.S. Code, Title 218, Section 1001) ou may obtain this list, is contained in t	isurances" and agree to lent statements or claims
Yes No 21. *By signing this application, herein are true, complete and accomply with any resulting terms may subject me to criminal, civil	Explanation I certify (1) to the statements concurate to the best of my knowled if I accept an award. I am aware I, or administrative penalties. (U	ntained in the list of certifications** edge. I also provide the required as a that any false, fictitious, or fraudu .S. Code, Title 218, Section 1001)	isurances" and agree to lent statements or claims
Yes No 21. *By signing this application, herein are true, complete and accomply with any resulting terms may subject me to criminal, civil ** I AGREE* ** The list of certifications and assumptions.	Explanation I certify (1) to the statements concurate to the best of my knowled if I accept an award. I am aware I, or administrative penalties. (U	ntained in the list of certifications** edge. I also provide the required as a that any false, fictitious, or fraudu i.S. Code, Title 218, Section 1001) ou may obtain this list, is contained in t	isurances** and agree to lent statements or claims
Yes No 21. *By signing this application, herein are true, complete and accomply with any resulting terms may subject me to criminal, civil	Explanation I certify (1) to the statements concurate to the best of my knowled of I accept an award. I am award it, or administrative penalties. (Upper penalties of the statement of the state	ntained in the list of certifications** edge. I also provide the required as a that any false, fictitious, or fraudu I.S. Code, Title 218, Section 1001) ou may obtain this list, is contained in t	isurances" and agree to lent statements or claims
Yes No 21. *By signing this application, herein are true, complete and accomply with any resulting terms may subject me to criminal, civil ** I AGREE* The list of certifications and assumption of the control of the	Explanation I certify (1) to the statements concurate to the best of my knowled of I accept an award. I am award it, or administrative penalties. (Upper penalties of the statement of the state	ntained in the list of certifications** edge. I also provide the required as a that any false, fictitious, or fraudu I.S. Code, Title 218, Section 1001) ou may obtain this list, is contained in t	isurances" and agree to lent statements or claims
Yes No 21. *By signing this application, herein are true, complete and accomply with any resulting terms may subject me to criminal, civil	Explanation I certify (1) to the statements concurate to the best of my knowled of I accept an award. I am award it, or administrative penalties. (Upper penalties of the statement of the state	ntained in the list of certifications** edge. I also provide the required as a that any false, fictitious, or fraudu I.S. Code, Title 218, Section 1001) ou may obtain this list, is contained in t	isurances" and agree to lent statements or claims
Yes No 21. *By signing this application, herein are true, complete and accomply with any resulting terms may subject me to criminal, civil ** I AGREE* ** The list of certifications and assuspecific instructions. Authorized Representative: Prefix: Ms. Middle Name: Tan	Explanation I certify (1) to the statements concernate to the best of my knowled of I accept an award. I am aware I, or administrative penalties. (Upper penalties of the statement of the state	ntained in the list of certifications** edge. I also provide the required as a that any false, fictitious, or fraudu I.S. Code, Title 218, Section 1001) ou may obtain this list, is contained in t	isurances** and agree to lent statements or claims
Yes No 21. *By signing this application, herein are true, complete and accomply with any resulting terms may subject me to criminal, civil ** I AGREE* ** The list of certifications and assuspecific instructions. Authorized Representative: Prefix: Ms. Middle Name: Tan Suffix:	Explanation I certify (1) to the statements corecurate to the best of my knowled of I accept an award. I am aware I, or administrative penalties. (Upper penalties of the statement of the state	ntained in the list of certifications** edge. I also provide the required as a that any false, fictitious, or fraudu I.S. Code, Title 218, Section 1001) ou may obtain this list, is contained in t	lent statements or claims he announcement or agency
Yes No 21. *By signing this application, herein are true, complete and accomply with any resulting terms may subject me to criminal, civil ** I AGREE ** The list of certifications and assumption instructions. Authorized Representative: Prefix: Ms. Middle Name: Tan Suffix: Executive Vice President	Explanation I certify (1) to the statements corccurate to the best of my knowle of I accept an award. I am aware I, or administrative penalties. (Unances, or an internet site where your accept the statement of	ntained in the list of certifications** edge. I also provide the required as e that any false, fictitious, or fraudu .S. Code, Title 218, Section 1001) ou may obtain this list, is contained in t	lent statements or claims he announcement or agency

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

9 17

REUSED

PAGE

OMB Number: 4040-0004

Application for F	ederal Assis	tance S	SF-424						Version 02
*1. Type of Submission	on:	⁺ 2. Typ ✓ New ☐ Cont		[visian, se	elect appropria	te letter(s):		
Application Changed/Corrected	d Application	Cont			(* 			
* 3. Date Received:	,,		cant (dentifler:	1					
Completed by Grants.gov i	upan Bubmission.								
5a. Federal Entity Ide				- 5t	o. Federa	al Award Iden	tifier:		
State Use Only:	,								
6. Date Received by	State:		7. State Application	on Ident	ifier:				
8. APPLICANT INFO	RMATION:								
a. Legal Name: BR	RIDGE Housing C	orporation)						
b. Employer/Taxpay	er Identification N	lumber (E	in/Tin):	- c.	. Organiz	zational DUN	S:		
942827909				_][132	2753625				
d. Address:							,		
Street1:	345 Spear St. St	uite 700							
Street2:			,				, · · · -		_
City:	San Francisco							RECEIVED	
County:		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			.: California		0 2000	
State: Province:					··			1JUN - 2 2000	
- Country:	[USA: L	JNITED	STATES		STATE CLEARING HOUS	E
	94105-1673								
e. Organizational U	nit:				***				
Department Name:				Div	vision Na	ime:			
Development					· —— — · ·				
f. Name and contac	t information of	person	to be contacted o	n matte	ers invo	lving this ap	plication:		
Prefix: Mr.			* First Na	me: [Donald				
Middle Name:								10 () () () () () () () () () (
"Last Name: Lusty	/		,						
Suffix:									
Title: Project Manage	ger								
Organizational Affilial	ion:							<u></u>	
* Telephone Number	(415) 989-1111	1111 35 5010			.	Fax Number	(415) 49	5-4898	
- Email: dlustv@b	ridgehousing.com)							

PAGE 3/5

Application for Federal Assistance SF-424	Version 02
8. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Title:	
Supportive Housing for the Elderly]
	_
* 12. Funding Opportunity Number:	
FR-5030-N-22	
* Title:	_
Section 202 Supportive Housing for the Elderly	
13. Competition Identification Number:	
S202-22	
Title:	
	=10
Advantage (Claim Counties States et al.)	
14. Areas Affected by Project (Cities, Counties, States, etc.): City and County of San Francisco, California	
City and County of Gan't Various Countries	
- 15. Descriptive Title of Applicant's Project:	
Institute on Aging Senior Living and Health Center	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments Waw Attachments	

PAGE 4/5

Application	for Federal Assista	nce SF-424		Version 02
16. Cangressic	onal Districts Of:			
a. Applicant	8		* b. Program/Project	8
Attach an additi	tional list of Program/Projection	ct Congressional Districts if n	eeded.	
		Add Atlachment	solve geologica [] Berther et]	
17. Proposed I	Project:			
a. Stan Date:	03/02/2008		* b. End Date:	03/01/2010
18. Estimated	Funding (\$):			
*a. Federal		8,387,748.00	0-	· · · · ·
b. Applicant		14,995.00	•	
~ c. State		7,000,000.00		
* d. Local		12,118,601.00		
e. Other		15,742,146.00		·
f. Program Inc	ocome	8,387,748		
g, TOTAL	, , , , , , , , , , , , , , , , , , , ,	43,263,490,00		
therein are true comply with a may subject n	ng this application, I certifice, complete and accurate any resulting terms if I acme to criminal, civil, or a sertifications and assurance	e to the best of my knowled coept an award. I am aware dministrative penalties. (U.	tained in the list of certifications**: tige. I also provide the required ass that any false, fictitious, or fraudu S. Code, Title 218, Section 1001) bu may obtain this list, is contained in	urances** and agree to lent statements or claims
Authorized Re	epresentative:			
Prefix:	Ms.	* First Name:	Lydia	
Middle Name:				
Last Name:	Tan			
Suffix:				
Title: Exec	cutive Vice President			
* Telephone Nu	umber: (415) 989-1111		Fax Number: (415) 495-4	898
• Email: [tan	n@bridgehousing.com	. 11 - 111		
* Signature of /	Authorized Representative:	Completed by Grants,gov upon s	ubmission. Date Signed: Complete	d by Grants.gov upon submission.

PAGE 2/5

Application for Fede	ral Assis	tance S	F-424				Version 02
* 1. Type of Submission:		* 2. Typ	e of Application:	" If Revision, s	select appropriate	letter(s):	•
Preapplication		☑ New					_
Application		Cont	Inuation	* Other (Speci	(V)		
Changed/Corrected App	lication	☐ Revis	sion				RECEIVED
*3. Date Received:		4. Appli	cant Identifier:				JUN - 2 2006
Completed by Grants.gov upon a	ubmission,						JUN & Loss
5a. Federal Entity Identifier	i:		DF	* 5b. Fede	ral Award Identific	er:	STATE CLEARING HOUSE
							PRESENTED THE PROPERTY OF THE
State Use Only:		_					
6. Date Received by State:			7. State Applicati	on Identifier: [THE STATE OF THE S
8. APPLICANT INFORMA	TION:		•				
a. Legal Name: BRIDGI	E Housing C	orporation	1				
* b. Employer/Taxpayer Ide	entification N	lumber (E	IN/TIN):	* c. Organ	Izational DUNS:		
942827909				13275362	5		
d. Address:							
" Street1: 345	Spear Stree	it					
Street2: Suite	e 700						
- City: San	Francisco						
County: San	Francisco						
* State:				Ċ	A: Celifornia		
Province:							
* Country:				USA: UNITE	STATES		
" Zip / Postal Code: 9410	05						
e. Organizational Unit:			•				
Department Name:	1	•		Division N	lame:		
f. Name and contact info	ormation o	f person	to be contacted o	n matters inv	olving this appi	ication:	
Prefix: Mr.			* First N	ame: Ben			
Middle Name:							
* Last Name: Metcalf							
Suffix:				· ·			
Title: Project Manager	- T						
Organizational Affiliation:		-	·				
BRIDGE Housing Corpora	ation						
* Telephone Number: (4	15) 989-111	1			Fax Number:	(415) 495-48	98
" Email: pmetcalf@brid	gehousing.	com					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	_
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	_
Type of Applicant 2: Select Applicant Type:	_
Type of Applicant 3: Select Applicant Type:	-
* Other (specify):	
TAA Nama of Fodoral Arabout	
* 10. Name of Federal Agency: US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Ylule:	
Supportive Housing for the Elderly	
* 12. Funding Opportunity Number:	
FR-5030-N-22	
* Title:	
Section 202 Supportive Housing for the Elderly	
George 202 dapparties freesing to the city	
13. Competition Identification Number:	
S202-22	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Palo Alto, County of Santa Clara, California	
City of Fallo Aito, County of Carte Citate, Camorina	
* 15. Descriptive Title of Applicant's Project:	
Fabian Way Senior Apartments	
Attach supporting documents as specified in agency instructions.	
ACCANICATIONS POLICE AND	

_	^	١
-		13

4/5

Application for	Federal Assistan	ce SF-424		Version 02	
16. Congressional	Districts Of:				
* a. Applicant 8			b. Program/Project	14	
Attach an additional	list of Program/Project	Congressional Districts if nee	eded.		
MILL OF THE PROPERTY OF THE PR	,	Acid Acid charge notice	Attachment View Attachment		
17. Proposed Proj	ect:	•			
a. Start Date: 01	/01/2008		b. End Date:	07/01/2009	
18. Estimated Fun	ding (\$):				
* a. Federal		7,147,743.00			
* b. Applicant		10,000.00			
* c. State		0.00			
⁼ d. Local		3,427,020.00			
▼e. Other		13,130,561.00			
*f. Program Incom	9	0.00			
▼g. TOTAL		23,715,324.00			
b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No					
Authorized Repre	sentative:				
Prefix: Me	5,	First Name:	Lydla	AY-A-FEE FIRST WAS AND PROOF TO SEE THE SECOND OF THE SECO	
Middle Name:				Annual Visional Control of the Contr	
* Last Name: Ta	in	<u> </u>			
Suffix:			THE RESERVE TO THE RE		
* Title: Executive	Vice President				
Telephone Numbe	er: (415) 989-1111	AU.	Fax Number: (415) 485-4	898	
"Email: LTAN@	BRIDGEHOUSING.COM	1			
Signature of Author	orized Representative:	Completed by Grants.gov upon su	bmission. * Date Signed: Complete	d by Grants.gov upon submission.	

Application for	Federal Assis	tance SF-424	Versi	on 02
* 1. Type of Submis	sion:	* 2. Type of Application: *	* If Revision, select appropriate letter(s):	
Preapplication		✓ New		
Application		Continuation *	Other (Specify)	
Changed/Correct	ed Application	Revision		
* 3. Date Received: 4. Applicant Identifier:				
Completed by Grants.gov	v upon submission.	LTSC CDC		
5a. Federal Entity Id	entifier:		* 5b. Federal Award Identifier:	
State Use Only:				
6. Date Received by	State:	7. State Application	Identifier:]
8. APPLICANT INFO	ORMATION:			
* a. Legal Name: L	TSC Community D	evelopment Corporation		
* b. Employer/Taxpa	yer Identification N	umber (EIN/TIN):	* c. Organizational DUNS:	
95-4444102			879364347	
d. Address:				
* Street1:	231 E. Third Stre	et, Suite G106		
Street2:			RECEIVED JUN 0 2 2006	
* City:	Los Angeles		HEOL	
County:			JUN 0 2 ZUUD	
* State:			CA: California STATE CLEARING HOUSE	
Province:				
* Country:		U	ISA: UNITED STATES	
* Zip / Postal Code:	90013-1493			
e. Organizational l	Jnit:		-	
Department Name:			Division Name:	
Community Econom	ic Development		Real Estate Development	
f. Name and contac	ct information of	person to be contacted on m	natters involving this application:	
Prefix:		* First Name	e: Kei	
Middle Name:				
* Last Name: Naga	ao			
Suffix:				
Title:				
Organizational Affilia	tion:			
* Telephone Number	213-473-1686		Fax Number: 213-473-1681	
* Email: knagao@	Itsc.org			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
	:
* Other (specify):	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Title:	
Supportive Housing for the Elderly	
* 12. Funding Opportunity Number:	
FR-5030-N-22	
* Title:	
Section 202 Supportive Housing for the Elderly	
13. Competition Identification Number:	
S202-22	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Los Angeles City, Los Angeles County, California	
* 15. Descriptive Title of Applicant's Project:	
KRC Senior Apartments	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assistar	nce SF-424	Versi	on 02		
16. Congressio	nal Districts Of:					
* a. Applicant	34th		* b. Program/Project 33rd			
Attach an additi	onal list of Program/Project	Congressional Districts if needed.				
		Add Attachment Delete Attach	merii View Attachməti:			
17. Proposed F	Project:					
* a. Start Date:	10/01/2008		* b. End Date: 04/01/2010			
18. Estimated I	Funding (\$):					
* a. Federal		2,613,198.00				
* b. Applicant		0.00	Allen			
* c. State		1,849,908.00	**************************************			
* d. Local		3,693,460.00				
* e. Other		0.00				
* f. Program Inc	come	0.00				
* g. TOTAL		8,156,566.00				
b. Program i c. Program i * 20. Is the App Yes 21. *By signing herein are true comply with al may subject m * * I AGREE ** The list of ce	21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)					
	Jesemanve.	+ Final Name Variable				
Prefix:	Bill	* First Name: Yoshiyu	uki			
Middle Name:						
* Last Name: Suffix:	Watanabe					
	tive Director					
* Telephone Nu	PA		Fax Number: 213-473-1681			
	anabe@ltsc.org					
<u> </u>	uthorized Representative:	Completed by Grants gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.			

APPLICATIO	NFOR	**			The standard design		
FEDERAL AS	SSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMIS	SSION:		3. DATE RECEIVED E	SY STATE	State Application Identifier		
Application Construction Non-Construct		Preapplication Construction Non-Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFO	RMATION						
		ntary School D	istrict		Elementary School District		
Address (give city, co 785 E. C	enter S	Street	· · · ·	Name and telephone this application (give a	number of person to be contacted on matters involving rea code)		
Earlimart	, Califo	ornia 93219 1			rin, CBO- (661) 849-4243		
6. EMPLOYER IDEN	TIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)		
	5 6 3		•	A. State H. Independent School Dist:			
8. TYPE OF APPLIC	8. TYPE OF APPLICATION: New Continuation Revision			B. County C. Municipal D. Township	State Controlled Institution of Higher Learning Private University K. Indian Tribe		
If Revision, enter appropriate letter(s) in box(es)				E. Interstate F. Intermunicipal	L. Individual M. Profit Organization		
A. Increase Award D. Decrease Durati			se Duration	The state of the s	N. Other (Specify)		
D. Decrease Duran	on Outens	poony).		9. NAME OF FEDERA	L AGENCY:		
				USDA- Ru	ral Development		
10 CATALOG OF FI	EDERAL DO	MESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:		
		antara di Salah Salah Salah Salah Sa	10-766	_ 1	ent to breakfast and		
TITLE:	ED BY DBO	JECT (Cities, Counties, S	tatas etc.):	Laboration 2			
		ntary School D					
13. PROPOSED PRO \$75,000	DJECT	14. congressional i Devin Nune			(1975年) (1975年) (1975年) (1975年) (1975年)		
Start Date End 7-1-06 8-	ing Date -106	a. Applicant Earlimart Elem	. Sch. Dist.	b. Project Enhancemen	t to Breakfast/Lunch Program		
15. ESTIMATED FUN	IDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS?		
a. Federal	(g % 1)	\$	39,699.00	a. YES. THIS PREA	PPLICATION/APPLICATION WAS MADE		
b. Applicant	RE	ČEIVED	32,481.00	AVAILABLE PROCESS	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:		
c. State		\$ 2006	N/A	DATE A	pril 17, 2006		
d. Local	JU	18 0 2 COOO	.00		M IS NOT COVERED BY E. O. 12372		
e. Other	STATE	LEARING HOUSE	.00	OR PROG	RAM HAS NOT BEEN SELECTED BY STATE		
f. Program Income	الدوائد	(\$	N/A ∞	FOR REV			
N/A				-	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL		\$ 	72.180		attach an explanation. X No		
DOCUMENT HAS B	EEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF THE	CATION/PREAPPLICAT HE APPLICANT: AND TH	ION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY, WITH THE		
a. Type Name of Auti Dr. Marc	norized Repr	THE ASSISTANCE IS AV resentative Smith	b. Title Superintend	lent	c. Telephone Number (661) 849-4241		
d. Signature of Autho	rized Repres	sentative		1.	e. Date Signed April 17, 2006		
Previous Edition Usa	ble.				Standard Form 424 (Rev. 7-97)		

Version	7/03

APPLICATION FOR FEDERAL ASSISTANCE	<u>-</u>	2. DATE SUBMITTED		Applicant Ident	version 7/03	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	on Identifier	
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	er	
Construction Non-Construction	Construction Non-Construction					
5. APPLICANT INFORMATION			Organizational	Unit		
Legal Name:			Department:	Offit.	· · · · · · · · · · · · · · · · · · ·	
Pixley PUD Organizational DUNS:			Division:	-	•	
102312 Address:	2423		Name and teler	hone number of per	son to be contacted on matters	
Street: PO Box 535		A. A. C.	involving this a	pplication (give area		
			Prefix: Mr	William		
City: Pixley	-		Middle Name			
County: 054 Tulare			Last Name Van Scyoc			
State: CA	Zip Code 93256		Suffix:			
Country: USA	<u> </u>		Email: ppud_7@msn.c	om		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Phone Number		Fax Number (give area code)	
94-1522677]		(559) 757-3878		(559) 757-3459	
8. TYPE OF APPLICATION:	gum,	NATIONAL.	7. TYPE OF AP	PLICANT: (See back	of form for Application Types)	
If Revision, enter appropriate let	w ☐ Continuatio ter(s) in box(es)	n Revision	G. Special Distri	ct.		
(See back of form for description	of letters.)		Other (specify)			
Other (specify)				DERAL AGENCY: evelopment, Rural Util	litv Service	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:		VE TITLE OF APPLI		
TITLE (Name of Program):		10-760	Pixley PUD Wa Project	stewater Treatment a	nd Disposal Facility Improvement	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):				
Unincorporated town of Pixley,	Tulare County		44 00000000	NOVAL PIOTEIOTO	0.5	
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	b. Project	
9-1-2006 15. ESTIMATED FUNDING:	9-1-2007		21 16 IS APPLICA	TION SUBJECT TO	P1 REVIEW BY STATE EXECUTIVE	
		00	1			
a. Federal \$	THE RESERVE OF THE PROPERTY OF	2,095,000	⊣ ′`''	S PREAPPLICATION AILABLE TO THE STA DCESS FOR REVIEV	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant c. State	CEIVED				VOIV	
1 2 1	and the second	2,000,000		E: April 4, 2006		
d. Local	JN 0 2 2006		D. No.		ERED BY E. O. 12372	
		200	1 1 1 1 1 1 1	PROGRAM HAS NO R REVIEW	T BEEN SELECTED BY STATE	
f. Program Income STA	E CLEARING HOUSE	.00	17. IS THE APP	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	And the second s	4,095,000	Yes If "Yes"	attach an explanation	ı. 🛮 🗖 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREA THE APPLICANT	PPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative			ln ln	liddle Name		
Prefix Mr.	First Name William			Suffix		
Last Name Van Scyoc					,	
b. Title President			15	. Telephone Number 559/757-3878	(give area code)	
d. Signature of Authorized Repr		who	e	. Date Signed 4-3	3-2006	
Previous Edition Usable Authorized for Local Reproduction				- The residence of the second	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

Application for Federal Assis	stance SF-424			Version 02		
₹ 1. Type of Submission:	₹ 2. Type of Application:	* If Revision, select appropriate letter(s):				
[] Preapplication	✓ New	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RECEIVED	1		
Application	Continuation	* Other (Specify)	1			
Changed/Corrected Application	Revision		JUN - 2 2006			
* 3. Date Received:	4. Applicant Identifier:		STATE CLEARING HOUSE			
Completed by Grants.gov upon submission.						
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:				
State Use Only:						
6. Date Received by State:	7. State Applicati	on Identifier:				
8. APPLICANT INFORMATION:						
a. Legal Name: BRIDGE Housing C	orporation					
b. Employer/Taxpayer Identification i	Number (EIN/TIN):	* c. Organizational DUNS:				
942827909		132753625				
d. Address:						
*Street1: 345 Spear St. S	uite 700	41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Street2:	1		***************************************			
• City: San Francisco						
County:				,		
* State:	(1.1100 - 1.1100 - 1.1100	CA: California				
Province:						
* Country:		USA: UNITED STATES				
* Zip / Postal Code: 94105-1673						
e. Organizational Unit:						
Department Name:		Division Name:				
Development						
f. Name and contact information of	person to be contacted o	n matters involving this application:				
Prefix: Mr.	. First Na	ame: Donald				
Middle Name:						
* Last Name: Lusty						
Suffix:						
Title: Project Manager						
Organizational Affiliation;						
*Telephone Number: (415) 989-111		Fax Number: (415) 49	5-4898			
Email: dlusty@bridgehousing.com	1					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	-1
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
:US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	,
CFDA Title:	
Supportive Housing for the Elderly	
12. Funding Opportunity Number:	
FR-5030-N-22	
* Title:	
Section 202 Supportive Housing for the Elderly	
13. Competition Identification Number:	
S202-22	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City and County of San Francisco, California	
* 15. Descriptive Title of Applicant's Project:	
Institute on Aging Senior Living and Health Center	٠
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments Miew Attachments	
Exercise and Management (Company of the Company of	

PAGE

Application	for Federal Assistan	ce SF-424	V	ersion 02
16. Congression	nal Districts Of:			
a. Applicant	8		b. Program/Project 8	
Attach an addition	nal list of Program/Project	Congressional Districts if ne	eeded.	
		Add Attachment	. (P. 1947 - 1947 - 1947)	
17. Proposed P	raject:			
* a. Start Date:	03/02/2008		* b. End Date: 03/01/2010	
18. Estimated F	unding (\$):			
a. Federal		8,387,748.00		
* þ. Applicant		14,995.00		
* c. State.		7,000,000.00		
* d. Local		12,118,601.00		
" e. Other		15,742,146.00		
* f. Program Inc	ome			
g. TOTAL		43,263,490.00		
* 20. Is the App Yes 21. *By signing herein are true comply with ar	olicant Delinquent On An No this application, I certify, complete and accurate or resulting terms if I acc	y Federal Debt? (If "Yes", p	provide explanation.) tained in the list of certifications** and (2) that the statements ige. I also provide the required assurances** and agree to that any false, fictitious, or fraudulent statements or claims	
may subject m	e to criminal, civil, or ad	ministrative penalties. (U.S	S. Code, Yitle 218, Section 1001)	
The first of ser	tifications and assurances	or an internal site where you	u may obtain this list, is contained in the announcement or agency	
specific instruct		er an menter end ment ju		
Authorized Re	presentative:			
Prefix:	Ms.	* First Name:	Lydia	
Middle Name:				
* Last Name:	Tan			
Suffix;				
* Title: Execu	itive Vice President			
*Telephone Nu	mber: (415) 989-1111		Fax Number: (415) 495-4898	
- Email: Itano	@bridgehousing.com			
Signature of A	uthorized Representative:	Completed by Grants.gov upon su	ubmission. Date Signed: Completed by Grants.gov upon submission.	

						OMB Approval No. 0348-0043		
APPLICATION FOR		2. Date Submitted (mm/dd/yyyy)		Applicant Identifier				
FEDERAL ASSISTANCE		05/26/06						
Type of Submiss Application		pplication	3. Date Received	by State (mm/dd/yyyy)	State Applicant Identifier			
Construction	☐ Co	nstruction	4. Date Received (mm/dd/yyyy)	by Federal Agency	Federal Identifier			
Non-Construction	on No.	n-Construction						
5. APPLICANT INF	ORMATION	DEOF	MED					
Legal Name:	National Able	Network, Inc.	VED	Organizational Unit:	National Able Network, Inc			
Address (give city, cou	nty, state, and zip code):	JUN - {	2006	Name and telephone nu application (give area co	imber of the person to be contacte	d on matters involving this		
Chicago, IL 6060	1	-		Administrative Contact	(312) 580-1750			
Cook County		STATE CLEAR	ING HOUSE	Edwin K. Henrikson	ehenrikson@nationalable	.org		
6. EMPLOYER IDE	NTIFICATION NUM			7. TYPE OF APPLICANT: N (enter appropriate letter in box)				
2	3 - 7	3 3 9 3	9 7	A. State		d Institution of Higher Learning		
				B. County	J. Private UniversiK. Indian Tribe	ity		
8. TYPE OF APPLI	CATION:			C. Municipal D. Township	K. Indian Tribe L. Individual			
	New	☐ Continuation	Revision	E. Interstate	M. Profit Organizat	ion		
If Revision, enter appropriate letter(s) in box(es):			F. Intermunicipal N. Nonprofit G. Special District O. Public Housing Agency					
A. Increase Award B. Decrease Award C. Increase Duration			H. Independent School	H. Independent School Dist. P. Other (Specify)				
D. Decrease Duration	on Other (spe	ecify):		9. NAME OF FEDEI	RAL AGENCY:			
, , , , , , , , , , , , , , , , , , ,				U. S. Department of Labor / ETA				
						0.15.05		
	FEDERAL DOMEST NUMBER: (xx-yyy)	IC 1 7 .	, 2 3 5	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
ASSISTANCET	TOMBER: (XX-yyy)	L	L	National Able Network, Inc. Title V SCSEP National Program				
TITLE: V / SCSE	ĒΡ							
12. AREAS AFFEC	TED BY PROJECT	(cities, counties, st	ates, etc.):					
	, MA, FL, IL, IN, CT,	ME. NH. RI. VT. and	WI					
9,	, , , , , , , , , , , , , , , , , , , ,	,,,,,						
		1						
13. PROPOSED PR			ONAL DISTRICTS O	OF:	b. Project			
Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)	a. Applicant	unty / Chicago, Illino	us 7 th District	•	ee attached lists		
07/7/06	06/30/07		,			IVE ORDER 12372 PROCESS?		
15. ESTIMATED FI	UNDING:	¢52.040.40			ICATION WAS MADE AVAILABLE			
		\$53,912,16	1	STATE EXECUTIVE ORDER	12372 PROCESS FOR REVIEW	ON:		
			DAT	E May 19, 2006				
				-		_		
b. NO.				PROGRAM IS NOT COVE	RED BY E.O. 12372			
OR □ F				PROGRAM HAS NOT BEE	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
					T ON ANY FEDERAL DEBT			
18. TO THE BEST OF MY	KNOWLEDGE AND BELIEF,	ALL DATA IN THIS APPLIC	Yes CATION/PREAPPLICATION	If "Yes," attach an explan	IE DOCUMENT HAS BEEN DULY	⊠ No		
a. Typed Name of Auth		PHICANT AND THE APPLI	GANT WILL COMPLY WITH	b. Title	S IF THE ASSISTANCE IS AWARDED.	c. Telephone number		
a. Typed Name of Auti	Grace J	enkins		1	dent & CEO	(Include Area Code) 312.580-0377		
d. Signature of Authori	zed Representative					e. Date Signed (mm/dd/yyyy) 5/19/06		



APPLICATION FOR		2. DATE SUBMITTED)	Applicant Identifier		
FEDERAL ASSIST		June 12,		# 06 - 369		
I. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED I		State Application Identifier		
Construction Non-Construction	Construction Non-Constru		BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATI	ON		Organizational Unit:			
Legal Name: City of Menl	- Park		Description	ic Works		
O		.0.4				
Address: 701	746397	940	Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street: Laure!	Street	P. J. A. S.	Prefix:	First Name:		
City: Menlo R	ark		Middle Name:			
County: San Mate	o Count		Last Name: Morimoto			
State: California	Zip Co	^{de:} 94025	Suffix:			
Country: United &			Email: atmorimoto@menlopark.org			
6. EMPLOYER IDENTIFICAT	TION NUMBER ((EIN);	Phone Number (give area c			
8. TYPE OF APPLICATION:	0003	70	650 - 330 - 67 40 650 - 327 - 549 7 7. TYPE OF APPLICANT: (See back of form for Application Types)			
New If Revision, enter appropriate le (See back of form for description)		on Revision	Municipal	. (See back of form for Application Types)		
			Other (specify)			
Other (specify)			9. NAME OF FEDERAL A	GENCY:		
10 CATALOG OF FEDERAL	DOMESTIC ASS	ISTANCE NUMBER:	11. DESCRIPTIVE TITLE	OF APPLICANT'S PROJECT:		
			Terminal Av	enue Housing Bite Remediation		
TITLE (Alama of Parama)	66					
TITLE (Name of Program): Prownfields Assess	ment and	Cleanup Cooperative	Agreements			
12. AREAS AFFECTED BY P	PROJECT (Cities,	Counties, States, etc):				
13. PROPOSED PROJECT Start Date:	Ending	Date	14. CONGRESSIONAL DI a. Applicant	h Project		
10/1 06 15. ESTIMATED FUNDING:	Ending	Po/06/11	16. IS APPLICATION SUI	BJECT TO REVIEW BY STATE EXECUTIVE		
a. Federal \$	200,000		order 12372 PROCESS a. Yes THIS PREAP	PLICATION/APPLICATION WAS MADE		
b. Applicant \$	40,000		AVAILABLE TO THE ST	ATE EXECUTIVE ORDER 12372 PROCESS FOR		
c. State \$ d. Local \$			DATE: Ju	ne 5, 2006		
e. Other \$			b. No PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR			
f. Program Income \$			REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL \$ 2	240,000		Yes If "Yes" attach an e	explanation.		
DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES I	LY AUTHORIZE	D BY THE GOVERNING BOD	S APPLICATION/PREAPPL BY OF THE APPLICANT AN	ICATION ARE TRUE AND CORRECT. THE ID THE APPLICANT WILL COMPLY WITH THE		
a. Authorized Representative Prefix First	Name		Middle Name			
Last Name	9100		Suffix			
b. Title		RECEIVED		mber (give area code)		
				moet (Rive area code)		
d. Signature of Authorized Repo	resentative	JUN - 5 2006	e. Date Signed			
Previous Edition Usable Authorized for Local Reproduction STATE CLEARING HOU			JSE	Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102		

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE	፤	2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVE	ED BY STATE	State Applicat	ion Identifier	
Construction	Construction	4. DATE RECEIVE	ED BY FEDERAL AGENCY	Federal Identi	fier ·	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:	l		Organizational Unit:			
Corcoran Joint Unified School D	District/City of Corcoran		Department: District Office			
Organizational DUNS:			Division:			
074677816 Address:			N/A Name and telephone	e number of pe	erson to be contacted on matters	
Street: 1520 Patterson Ave. / 1033 Chi	ttenden Ave.		involving this applic			
Cibe			Mr. Middle Name	Rich		
City: Corcoran			(no middle name)			
County: Kings County	1		Last Name Merlo		· At	
State: California	Zip Code 93212		Suffix: N/A		•	
Country: United States of America			Email: rmerlo@kings.k12.ca	a.us		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area code)	
91-2128912] -		(559) 992-3104		(559) 992-3957	
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)	
If Revision, enter appropriate let	er(s) in box(es)	n 🛚 Revision	11. Independent Scho	ol District		
(See back of form for description	or letters.)		Other (specify)			
Other (specify)		9. NAME OF FEDER. United States Econor		nt Administration		
10. CATALOG OF FEDERAL	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLI	CANT'S PROJECT:		
		1 1-3 0	7 Regional Education/J	lob Training Cer	nter	
TITLE (Name of Program): Economic Adjustment Assistant	:e					
12. AREAS AFFECTED BY PR		, States, etc.):				
City of Corcoran, Kings County,	Tulare County					
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIONA a. Applicant	AL DISTRICTS	OF:	
February 1, 2006	June 2007		20th and 21st		20th and 21st	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE	
a. Federal \$		204,660	THIS PRI	EAPPLICATION	I/APPLICATION WAS MADE	
b. Applicant \$		136,440		S FOR REVIEW	ATE EXECUTIVE ORDER 12372 V ON	
c. State \$			DATE:			
d. Local \$		ou .	b. No. III PROGRA	M IS NOT COV	'ERED BY E. O. 12372	
e. Other \$.00	OR PRO		T BEEN SELECTED BY STATE	
f. Program Income \$.00			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	All	341,100	Yes If "Yes" attack	n an explanation	. 🗵 No	
18. TO THE BEST OF MY KNO						
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	GOVERNING BOD' WARDED,	Y OF THE APPLICANT AND	THE APPLICA	NI WILL COMPLY WITH THE	
a. Authorized Representative			Middle	Name		
Prefix Mr./Mr. Last Name	First Name Rich/Ron		(no m	iddle name)/(no	middle name)	
Merlo/Hoggard b. Title			N/A/N		(when even ends)	
Superintendent/City Manager		1,	(559)	phone Number 992-3104/(559)		
d. Signature of Authorized-Repre	sentative /	/ The B	e. Date 12/7/0	Signed 5 / 12/7/05		
Previous Edition Usable Authorized for Local Reproduction	n	/ 7	RECEIVE	5	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	
Additionated for Educative Disappediction	• •		ILUCIVE	\cup \mid		

STATE CLEARING HOUSE

involving this applice Prefix: Mr. Middle Name Last Name Mur Suffix: Email: Chef 8 Phone Number (give a 207-886-7. TYPE OF APPLICE)	e number of person to be contacted on matters cation (give area code) First Name: Application Types) First Name: Application Types) First Name: Application Types)	
Organizational Unit: Department: Division: Name and telephone involving this applic Prefix: Middle Name Last Name Last Name Mur Suffix: Email: Unef 8 Phone Number (give: 201-886-7, TYPE OF APPLIC	Federal Identifier e number of person to be contacted on matters cation (give area code) First Name: Application Types) Fax Number (give area code) 5321 209-886-1831 CANT: (See back of form for Application Types)	
Organizational Unit: Department: Division: Name and telephone involving this applice Prefix: Middle Name Last Name Last Name Last Name Final: Chefg Phone Number (give a 201-886-7, TYPE OF APPLICE)	e number of person to be contacted on matters cation (give area code) First Name: Application Types) First Name: Application Types) First Name: Application Types)	
Department: Division: Name and telephone involving this applied Prefix: Middle Name Last Name Last Name Mur Suffix: Email: Chef 8 Phone Number (give a 201-886	e number of person to be contacted on matters cation (give area code) First Name: Alester And Aransbay, net area code) Fax Number (give area code) 5321 209-886-1831 CANT: (See back of form for Application Types)	
Department: Division: Name and telephone involving this applied Prefix: Middle Name Last Name Last Name Mur Suffix: Email: Chef 8 Phone Number (give a 201-886	e number of person to be contacted on matters cation (give area code) First Name: Alester And Aransbay, net area code) Fax Number (give area code) 5321 209-886-1931 CANT: (See back of form for Application Types)	
Division: Name and telephone involving this application. Prefix: Mr. Middle Name Last Name Mur Suffix: Email: Chet 8 Phone Number (give a 201-886-7. TYPE OF APPLICATION APPLICATIO	First Name: Alester Any Respective for the start of the	
involving this applice Prefix: Mr. Middle Name Last Name Mur Suffix: Email: Chef 8 Phone Number (give a 207-886-7. TYPE OF APPLICE)	First Name: Alester Agg Otransbay, net area code) Fax Number (give area code) 5321 209-886-1831 CANT: (See back of form for Application Types)	
involving this applice Prefix: Mr. Middle Name Last Name Mur Suffix: Email: Chef 8 Phone Number (give a 207-886-7. TYPE OF APPLICE)	First Name: Alester Any Rester Rest	
Middle Name Last Name Lust Name Mur Suffix: Email: Che+8 Phone Number (give and another Number (give and another Number (give and another Number Numbe	Phy 3990 transbayine for area code) Fax Number (give area code) 5321 209-886 1031 CANT: (See back of form for Application Types) The District	
Suffix: Email: Chef & Phone Number (give: 209-886-7. TYPE OF APPLIC	Fax Number (give area code) 5321 209-886-1031 CANT: (See back of form for Application Types)	
Suffix: Email: Chef & Phone Number (give: 209-886-7. TYPE OF APPLIC	Fax Number (give area code) 5321 209-886-1031 CANT: (See back of form for Application Types)	
Phone Number (give a 201-886-7. TYPE OF APPLIC	Fax Number (give area code) 5321 209-886-1031 CANT: (See back of form for Application Types)	
201-886- 7. TYPE OF APPLIC	Fax Number (give area code) 5321 209-886-1031 CANT: (See back of form for Application Types)	
7. TYPE OF APPLIC	CANT: (See back of form for Application Types)	
_	ire District	
Other (specify)	ire District	
	re Vistrict	
9. NAME OF FEDERAL AGENCY:		
Fire Den	TITLE OF APPLICANT'S PROJECT: FUTMENT RESCUE Truck	
1110		
14. CONGRESSION	JAI DISTRICTS OF:	
a Applicant	11th b. Project 1/th	
16. IS APPLICATION		
a. Yes. X THIS PF	REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372	
PROCE	SS FOR REVIEW ON	
DATE:		
D. NO. 11 J	AM IS NOT COVERED BY E. O. 12372	
- FOR RE	OGRAM HAS NOT BEEN SELECTED BY STATE	
17. IS THE APPLIC.	ANT DELINQUENT ON ANY FEDERAL DEBT?	
1	ch an explanation. NO LICATION ARE TRUE AND CORRECT. THE	
Yes If "Yes" attac	THE THE PRINCIPLE AND CORRECT THE	
	a. Yes. THIS PI AVAILA PROCE DATE: b. No. PROGRETION OR PROFORMER PROPERTION OF PROCEST POR PROPERTION OF PROP	

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix Mri First Name / Lester	Middle Name
I Allera	Suffix
Last Name Murphy	
	c. Telephone Number (give area code)
1. Ithe Board member //	704-886-5521
1. Signature of Authorized Representative	e. Date Signed / /2//0/
3. Signature of Authorized Representational Property of the Pr	5/51/04
	Standard Form 424 (Rev.9-200)

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PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE				TYPE OF SUBMISSION: Non-Construction		
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE REC	EIVED BY STATE:		STATE APPLICATION IDENTIFIER:		
2b. APPLICATION ID:	4. DATE RECEIVED:			GRANT NUMBER:		
06SC065285						
5. APPLICATION INFORMATION		T				
LEGAL NAME: City of San Bernardino DUNS NUMBER: 143695398		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Betty A. Deal TELEPHONE NUMBER: 909-384-5413 FAX NUMBER: 909-889-9801 INTERNET E-MAIL ADDRESS: deal_be@sbcity.org				
ADDRESS (give street address, city, state and 300 North D Street San Bemardino CA 92418 - 0001						
6. EMPLOYER IDENTIFICATION NUMBER (E	IN):		7. TYPE OF APP	PLICANT:		
956000772		7a. Local Govern		RECEIVED		
8. TYPE OF APPLICATION:		•			0 E 2000	
X NEW CONTINUATION				•	JUN 0 5 2006	
REVISION					STATE CLEARING HOUSE	
A. Increase Award B. Decrease Award C. Increase Duration					control and another the street amount and control are a control of the state of the street and state of the street and the str	
D. Decrease Duration						
D. Decrease Duration			9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service			
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016 10b. TITLE: Senior Companion Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SCP of San Bernardino			
12. AREAS AFFECTED BY PROJECT (List Cit Greater San Bernardino, Victor Valley and Mon		ates, etc):				
13. PROPOSED PROJECT: START DATE: 07/	/01/06 ENI	D DATE: 06/30/07	14. PERFORMAN	ICE PERIOD: START	DATE: END DATE:	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
a. FEDERAL	\$ 300,600.0	0	ORDER 12372 P	ROCESS?		
b. APPLICANT	\$ 84,190.0	0	YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR			
c. STATE	\$ 20,320.0	0		REVIEW ON: DATE: 6-01-06		
d. LOCAL	\$ 12,406.0	0	0-01-00			
e. OTHER	S 10,164.0	0				
f. PROGRAM INCOME	\$ 0.0	0	17. IS THE APPL	ICANT DELINQUENT	ON ANY FEDERAL DEBT?	
g. TOTAL				ES if "Yes," attach ar	n explanation.	
18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING B IS AWARDED.					CORRECT, THE DOCUMENT HAS BEEN TACHED ASSURANCES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED REPRESE	NTATIVE:	b. TITLE:		The state of the s	c. TELEPHONE NUMBER:	
Lemuel P. Randolph		Director of Parks an	nd Recreation Dept.		909-384-5030	
·					d. DATE:	

Application for Federal Assistance SF-424 Version 02						
* 1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(s):			
Preapplication		✓ New				
Application		Continuation	* Other (Specify)	,		
Changed/Corrected Application		Revision				
* 3. Date Received: 4		4. Applicant Identifier:				
Completed by Grants.gov upon submission.						
5a. Federal Entity Identifier:			* 5b. Federal Award Identifier:			
State Use Only:						
6. Date Received by	y State:	7. State Application	n Identifier:			
8. APPLICANT INFORMATION:						
* a. Legal Name:	City of Gardena					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:			
956000713			868357245			
d. Address:						
* Street1:	1700 West 162nd	1700 West 162nd Street				
Street2:		Para				
* City:	Gardena	Gardena Los Angeles CA: California RECEIVED JUN 0 5 2006				
County:	Los Angeles	Los Angeles				
* State:		CA: California				
Province:		USA: UNITED STATES				
* Country:		USA: UNITED STATES				
* Zip / Postal Code:	ostal Code: 90247					
e. Organizational Unit:						
Department Name:	NEWSCHOOL OF COMMENTS OF COMME	Management Street Control of the Con	Division Name:			
Police Department						
f. Name and contact information of person to be contacted on matters involving this application:						
Prefix:		* First Nam	ne: Gail			
Middle Name:						
* Last Name: Bac	а					
Suffix:						
Title: Administrative Services Manager						
Organizational Affiliation:						
·						
* Telephone Number: 310-217-9605 Fax Number: 310-217-9638						
* Email: GBaca@GardenaPD.org						

Application for Federal Assistance SF-424	Version 02				
9. Type of Applicant 1: Select Applicant Type:					
C: City or Township Government					
Type of Applicant 2: Select Applicant Type:					
Type of Applicant 3: Select Applicant Type:					
* Other (specify):					
* 10. Name of Federal Agency:					
Community Oriented Policing Services					
11. Catalog of Federal Domestic Assistance Number:					
16.710					
CFDA Title:					
Public Safety and Community Policing Grants					
* 12. Funding Opportunity Number:					
COPS-OTHER-TECH-2006-1					
* Title:					
COPS Law Enforcement Technology					
	·				
13. Competition Identification Number:					
Title:					
14. Areas Affected by Project (Cities, Counties, States, etc.):					
City of Gardena					
* 15. Descriptive Title of Applicant's Project:					
Digital In-Car Camera Project					
Attach supporting documents as specified in agency instructions.					
Add Attachments Delete Attachments View Attachments					

Application for	Federal Assistan	ce SF-424					Version 02
16. Congressional	Districts Of:	Non-Microsoft des publicates de la misse de la proposition del la proposition de la proposition de la proposition del la proposition de la					
* a. Applicant 35	j			* b _. Program	/Project CA	-035	
Attach an additional	list of Program/Project (Congressional Districts if	f needed.		<u> </u>		
	V. division	Add Attachment	राजनाची आरक्षा । स्टब्स	na la mara de la casta m	1811] -		
17. Proposed Proje	ect:			CONTRACTOR OF THE PROPERTY AND AND ASSESSMENT OF THE PROPERTY			
* a. Start Date: 11/	/22/2005			* b. E	End Date: 11/	21/2008	
18. Estimated Fund	ding (\$):					·	
* a. Federal		98,723.00		COORD AND THE COMMENT OF THE COMMENT	AND		none and the second
* b. Applicant							
* c. State							
* d. Local							
* e. Other							
* f. Program Income	е						
* g. TOTAL		98,723.00					
21. *By signing thi herein are true, co comply with any re	No lis application, I certify omplete and accurate the sulting terms if I acce	(1) to the statements co the best of my know ept an award. I am awaninistrative penalties.	contained in th rledge. I also pare that any fa	e list of certifications are the required the required the required the required to the requir	iired assuran r fraudulent :	ces** and agree to	
✓ ** I AGREE							
** The list of certific specific instructions		or an internet site where	you may obtair	this list, is conta	ained in the an	nouncement or agency	
Authorized Repres	sentative:						
Prefix:		* First Nam	ne: Mitchell				
Middle Name:							
* Last Name: Lar	nsdell						
Suffix:							
* Title: City Mana	ıger						
* Telephone Numbe	r: 310-217-9505		F	ax Number:		10.	
* Email: MLansd	ell@ci.gardena.ca.us				. 2		
* Signature of Author	orized Representative:	Completed by Grants.gov upo	on submission.	* Date Signed:	Completed by 0	Grants.gov upon submission.	

Application for Federal Assistance SF-424 Version 02								
* 1. Type of Submis	Submission: * 2. Type of Application: * If Revision, select appropriate letter(s):							
Preapplication		✓ New						
✓ Application		Continuation	* Other (Specify)	<u> </u>				
Changed/Correc	cted Application	Revision						
* 3. Date Received:	TOP A MENON PLANT PROPERTY AND ANY AND	4. Applicant Identifier:			7			
Completed by Grants.go	ov upon submission.			RECEIVED				
5a. Federal Entity lo	dentifier:		* 5b. Federal Award Identifier:	JUN - 5 2006				
State Use Only:				STATE CLEARING HOUSE				
6. Date Received b	y State:	7. State Applicatio	n Identifier:	Demographic in the control of the co	,			
8. APPLICANT INF	ORMATION:							
* a. Legal Name:	City of Gardena							
* b. Employer/Taxp	ayer Identification N	lumber (EIN/TIN):	* c. Organizational DUNS:					
956000713			868357245					
d. Address:	an dari sahari sahari sahari sayang pelang penggan penggan penggan penggan penggan penggan penggan penggan pen							
* Street1:	1700 West 162nd	d Street						
Street2:					. No consistence and consistence			
* City:	Gardena							
County:	Los Angeles							
* State:			CA: California		and a challenge of the control of th			
Province:								
* Country:	CONTRACTOR OF THE CONTRACTOR AND		USA: UNITED STATES					
* Zip / Postal Code:	90247							
e. Organizational	Unit:							
Department Name:		Management der versche General von der versche der der der versche der der versche der versche der versche der	Division Name:					
Police Department								
f. Name and conta	act information of	person to be contacted on	matters involving this application	on:				
Prefix:		* First Nan	ne: Gail					
Middle Name:								
* Last Name: Bac	са							
Suffix:								
Title: Administrativ	ve Services Manage	ır						
Organizational Affili	ation:	Marie 4 April 1 April		.1				
* Telephone Numbe	er: 310-217-9605		Fax Number: 310-2	217-9638				
* Email: GBaca@	@GardenaPD.org							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	
Public Safety and Community Policing Grants	
* 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1	
* Title:	
COPS Law Enforcement Technology	
COP'S Law Emolicement Fedimology	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Gardena	
* 15. Descriptive Title of Applicant's Project:	eki bahasan erik bir erik Sharrosan armasan armasakan da pilab
Technology Enhancement Project	
Toolmology Emilancement i Toject	
Attach supporting documents as specified in agency instructions.	CALL DESCRIPTION OF THE PROPERTY OF THE PROPER
Add Attachments Delete Attachments View Attachments	
Experimental Company (Company Company	

Application	for Federal Assistanc	e SF-424		Version 02		
16. Congression	nal Districts Of:					
* a. Applicant	35		* b. Program/Project	:A-035		
Attach an additi	onal list of Program/Project C	ongressional Districts if needed.				
		Add Attachment	12 94% C 21 H 200 (4 C C C C C			
17. Proposed I	roject:					
* a. Start Date:	11/22/2005		* b. End Date: 1	1/21/2008		
18. Estimated	unding (\$):					
* a. Federal		98,723.00				
* b. Applicant						
* c. State						
* d. Local						
* e. Other						
* f. Program Inc	ome					
* g. TOTAL		98,723.00				
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on 05/30/2006 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Research 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE* ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative:						
Prefix:		* First Name: Mitch	ell			
Middle Name:						
* Last Name:	Lansdell					
Suffix:						
* Title: City M	anager					
* Telephone Nu	nber: 310-217-9505		Fax Number:			
* Email: MLa	nsdell@ci.gardena.ca.us		T			
* Signature of A	uthorized Representative:	Completed by Grants.gov upon submissio	n. * Date Signed: Completed b	y Grants.gov upon submission.		

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							Version 7/03
APPLICATION FOR		2. DATE SUBMIT	TED			Applicant	Identificr
FEDERAL ASSISTANCE						06-371	
1. TYPE OF SUBMISSION:		3. DATE RECEIV	STATÉ		State Application Identifier		
Application	Pre-application						
F7 6	D O	4. DATE RECEIV	עם חש	FERREAL	ACENCY	Federal Id	entifier
□ Construction □ Non-Construction	Construction Non-Construction Non-	4, DATE RECEIV	EDBI	FELIERA	AGENCI	94-6000 4	
5. APPLICANT INFORMAT							
Legal Name:	_			Organizatio			
Richmond Community Redeve	elopment Agency			Departmen Community	t: y and Economic	Developmen	ıt
Organizational DUNS:		***		Division:			
01-142-1208				Housing an	d Community D	evelopment	Division to be contacted on matters involving this
Address: 1401 Mariana Way S	outh	-11/1-17		Name and	(give area code)	er or berson i	in be confidered on markets involving and
Street:	- RECL	EIVED	-	Prefix:	(2)		First Name:
Marina Way South	i	1					Natalia
	IIIN -	5 2006 — •		Middle Na	man E		
City: Richmond	1 3011			Middle Na	mc: F.	•	
County: Contra Costa	OTATE CLE	ARING HOUSE		Last Name	: Lawrence		
		ANING HOOGE	 	0.07			
State:	Zip Code:			Suffix:			
California Country:	74804			Email:			
United States					wrence@ci.rich		1 = 31 11 (d - 4 - 4 - 4 - 4 d)
6. EMPLOYER IDENTIFICA	TION NUMBER (EIN):			Phone Nur 510 307-8	mber (give area o	ode)	Fax Number (give area code) 510 307-8195
68-0588667							
8. TYPE OF APPLICATION				7. TYPE OF APPLICANT: (See back of form for Application Types)			
⊠ New		Revision	.	Municipal Agency			
If Revision, enter appropriate (See back of form for descript	letter(s) in box(cs)			Municipal	Agency		
(See back of form for descript	ion of letters.)						
Other (specify)				Other (specify)			
			-	O NAME	OF FEDERAL	AGENCY:	
				Environmental Protection Agency			
10 CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER: 66	-818	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
				Miraflores Nursery Cleanup Grants will be used to fund clean up of the Sakai Nursery and the Endo			
TITLE (Name of Program):				Nursery. The former flower nurseries are contaminated with pesticides used on			
12. AREAS AFFECTED BY	PROJECT (Cities, Cour	itics, States, etc):		the flower	s and petroleum	hydrocarbon	NS.
Sakai and Endo parcels locate	d in Richmond, CA			17 00010	DECCIONALE	VETDICTS (NE.
13. PROPOSED PROJECT	Ending Date			a. Applica	RESSIONAL D	Markie 15	b. Project
Start Date: 10/1/06	9/30/09	•		CA Congressional District 7 CA Congressional District 7			
15. ESTIMATED FUNDING	:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
	(00.000			ORDER I	THIS PREAF	PLICATION	VAPPLICATION WAS MADE
	80,000 80,000			AVAILA	BLE TO THE S'	TATE EXEC	CUTIVE ORDER 12372 PROCESS FOR
c. State \$				REVIEW	ON DATE:	alotal.	
d. Local S				b. No	DAIE: 🐠	S NOT CO	VERED BY E. O. 12372
e. Other S				G. 140	OR PROOR	AM HAS NO	OT BEEN SELECTED BY STATE FOR
				KEVIEW			
f. Program Income \$				17. IS TH	IE APPLICANT "Yes" attach im	DELINQUE	NT ON ANY FEDERAL DEBT? ☑ No
g. TOTAL \$4	460, 000	THE ALL DATA	N THE	S A PPI (C/	TION/PREAPP	LICATION	ARE TRUE AND CORRECT. THE
DOCUMENT HAS BEEN D	ULY AUTHORIZED BY	Y THE GOVERNING	G BOD	Y OF THE	APPLICANT A	ND THE AF	PPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCE	S IF THE ASSISTANCE	IS AWARDED.					
a. Authorized Representative				1	Middle Name	·, « •	
	rst Name eve				MINUTE HARTIE		
Last Name		· · · · · · · · · · · · · · · · · · ·			SuMx	**************************************	
Duran					c. Telephone N	مرينه) سامين	area code)
b. Title Executive Director					510 307-8140	myimet (Rive	area code)
d. Signature of Authorized R	epresentative				e. Date Signed	Kolo	

Previous Edition Usable

Standard Form 424 (Rev. 9-2003)

Authorized for Local Reproduction

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424						Version 02
* 1. Type of Submis Preapplication Application Changed/Correct		* 2. Type of Application: V New Continuation Revision	* If Revision, * Other (Spec	select appropriate	e letter(s):	
* 3. Date Received:		4. Applicant Identifier:				
5a. Federal Entity k	dentifier:		* 5b. Fed	eral Award Identif	ier:	
State Use Only:						RECEIVED
6. Date Received b	y State:	7. State Application	on Identifier:			RECEIVED JUN 0 6 2006
8. APPLICANT INF	ORMATION:					STATE CLEARING HOUSE
* a. Legal Name:	Ventura County					SIAILO
* b. Employer/Taxpayer Identification Number (EIN/TIN):				nizational DUNS:		
d. Address:						
* Street1: Street2: * City: County: * State: Province:	800 South Victor Ventura Ventura	ia Avenue	C	CA: California		
* Country:			USA: UNITE	D STATES		
* Zip / Postal Code:	: 93009					
e. Organizational	Unit:					
Department Name:			Division N			
f. Name and conta	act information of	person to be contacted or	n matters inv	olving this appl	ication:	
Prefix: Mr. Middle Name: * Last Name: Lat Suffix:	hrop	* First Na	me: Chris			
Title: Sheriff's Cap	otain					
Organizational Affili	ation:					
Sheriff/Special Serv	vices/Technical Serv	vices				
* Telephone Numbe	er: 805-654-2332			Fax Number:	805-662-6717	
* Email: chris.lat	hrop@ventura.org					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
B: County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
COPS-OTHER-TECH-2006-1	
* Title:	
COPS Law Enforcement Technology	
13. Competition Identification Number:	
Title:	
	. 1
14. Areas Affected by Project (Cities, Counties, States, etc.):	
County, Cities	
* 15. Descriptive Title of Applicant's Project:	
A multi-faceted upgrade of several Sheriff's Departments critical technology systems.	
	.i .i
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assistar	nce SF-424				Version 02		
16. Congressio	nal Districts Of:							
* a. Applicant	23			* b. Progran	n/Project 23	· ·		
Attach an additi	onal list of Program/Projec	t Congressional Districts if nee	eded.					
		Add Attachment	er er in					
17. Proposed F	Project:							
* a. Start Date:	06/01/2006			* b. E	End Date: 06/01/2009			
18. Estimated F	Funding (\$):							
* a. Federal		148,084.00						
* b. Applicant		0.00						
* c. State		0.00						
* d. Local		0.00						
* e. Other		0.00						
* f. Program Inc	come	0.00						
* g. TOTAL		148,084.00						
b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes V No 1. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.								
Authorized Re	presentative:							
Prefix:	Mr.	* First Name:	John					
Middle Name:								
* Last Name:	Johnston	1007PA, PTO 100PA - 100PA (100 A A A A A A A A A A A A A A A A A A						
Suffix:			·····					
* Title: Chief	* Title: Chief Executive Officer							
* Telephone Nui	mber: 805-654-2681			Fax Number: 80	05-654-5106			
* Email: john	.johnston@ventura.org							
* Signature of A	uthorized Representative:	Completed by Grants.gov upon sub	mission.	* Date Signed:	Completed by Grants.gov upon submission.	. '		

Application for Federal Assistance SF-424 Version 02									
* 1. Type of Submiss	sion:	* 2. Typ	pe of Application:	* If	* If Revision, select appropriate letter(s):				
Preapplication		✓ New	v		·				
✓ Application		Con	ntinuation	* C	Other (Specify)				
Changed/Correcte	ed Application	Rev	vision		,				
* 3. Date Received:	ROMETHING ON THE SEASON FOR THE AND SEASON S	4. Appl	licant Identifier:			Manager Assistantian Control of C			
Completed by Grants.gov	upon submission.				·				
5a. Federal Entity Ide	entifier:				* 5b. Federal Award Identifier:				
							<u> </u>		
State Use Only:			en grannen er han heiden y en heiden staten en de heiden de heiden de heiden de heiden de heiden de heiden de	nanielekowi:			Lin prisamonos mone		
6. Date Received by	State:		7. State Application	n Id	Jentifier:	RECEIVED			
8. APPLICANT INFO	ORMATION:			- TATALON SEE		JUN 0 6 200C			
* a. Legal Name: C	ounty of San Berna	ardino			, Y.	2006			
* b. Employer/Taxpay	yer Identification N	umber (E	in/Tin):		* c. Organizational DUNS:	STATE CLEARING HOUSE			
95-6002748					150955516	THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDR			
d. Address:			dispersion with a first state of the state o	AND THE PERSON NAMED IN			ere garner på ministrikk til der		
* Street1:	385 North Arrowh	ead Aver	nue	, marketone.	Microphysical Partners (Vallety) (Special Control of Special Control o				
Street2:	Suppression of the American Control of the Control								
* City:	San Bernardino		And the second s						
County:									
* State:					CA: California				
Province:									
* Country:				US/	A: UNITED STATES				
* Zip / Postal Code:	92415				,				
e. Organizational U	Jnit:	MARKET STATE OF THE STATE OF TH	Park same same successor services in a survey of the park of			phones and the control of the contro			
Department Name:	<u>e propriatemento estructura propriate antimatica establista per propriate de la compansión de la compansión</u>	AT ACCOUNTED THE POST OF THE PARTY.	BEST CONTROL TO A CONTROL CONT		Division Name:				
Sheriff/Coroner Depa	ırtment				Scientific Invest CAL-ID				
f. Name and contac	et information of	person t	to be contacted on	ma	atters involving this application:	Abada ya Marana da Abada da A			
Prefix:			* First Nam	ne:	Jeff				
Middle Name:									
* Last Name: Rose	3								
Suffix:					1000				
Title: Lieutenant							************************		
Organizational Affiliat	tion:		es co prioritorio escribiro involvio metarlo (a 1800) escribir escribir e	Almetanasien	Mile Later desperies de automobil 2 (259 et plane) de la 180 de la				
* Telephone Number:	909-890-5042			Employe	Fax Number: 909-890-5015	5			
* Email: jrose@sb	csd.org				SECRETARION CONTRACTOR	NECOSIONAL SECTION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATIO			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	2
B: County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
t to F. U. O. and the Marine leave	
* 12. Funding Opportunity Number:	
COPS-OTHER-TECH-2006-1	
* Title:	
COPS Law Enforcement Technology	
	THE STREET STREET
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Counties of San Bernardino and Riverside	
* 15. Descriptive Title of Applicant's Project:	
Regional Fingerprint Identification Project	
· ·	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assistance SF-424		Version 02			
16. Congressio	nal Districts Of:					
* a. Applicant	CA-025	* b. Program/Project CA-025				
Attach an additi	onal list of Program/Project Congressional Distric	cts if needed.				
Additional cong	ressional districts COPS0	Delete Attachment View Attachment	Provided Assessment and the state of the sta			
17. Proposed F	Project:					
* a. Start Date:	08/01/2005	* b. End Date: 07/30/2008				
18. Estimated I	Funding (\$):					
* a. Federal	1,974,456.00	0				
* b. Applicant	0.00					
* c. State	0.00					
* d. Local	0.00	0				
* e. Other	0.00	0 e				
* f. Program Inc	come 0.00	0				
* g. TOTAL	1,974,456.00	0				
 ✓ a. This application was made available to the State under the Executive Order 12372 Process for review on						
Authorized Re	presentative:					
Prefix:	* First	Name: Gary				
Middle Name:						
* Last Name:	Penrod					
Suffix:						
* Title: Sheriff	f-Coroner					
* Telephone Nu	mber: 909-387-3669	Fax Number: 909-387-3402				
* Email: gper	nrod@sbcsd.org	-				
* Signature of A	uthorized Representative: Completed by Grants.gov	v upon submission. * Date Signed: Completed by Grants.gov upon submission.				

APPLICATION FOR				T	Version 7/03
FEDERAL ASSISTANCE	•	2. DATE SUBMITTED		Applicant Ider	nuner
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Uni	t:	
City of Needles			Department: City Manager	**************************************	
Organizational DUNS: 06-058-2910			Division: Community Develor	ment and Planni	na
Address:					rson to be contacted on matters
Street:			involving this appl		a code)
817 Third Street			Prefix: Mr.	First Name: David	
City: Needles,			Middle Name Graham		
County: San Bernardino			Last Name Brownlee		
State: California	Zip Code 92363		Suffix: Jr.		MATERIAL STATE OF THE STATE OF
Country: USA			Email: ndlscityproject@citli	nk net	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
95-60000750			(760) 326-5700 X32	3	(760) 326-6765
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See bac	k of form for Application Types)
☑ New		n 🔲 Revision	c		
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
(Ooo Dusk of John for Goodinphon			```		
Other (specify)			9. NAME OF FEDER	RAL AGENCY: nent Administration	on, Department of Commerce
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T		
		1 1-3 0 0			and the Erection of a Waste
TITLE (Name of Program): Grants For Public Works and Ec	onomic Development Ac		Transfer Station to F	-acilitate Econom	ic Growth
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	, States, etc.):	-		
Needles, CA, unincorporated Sa	n Bernardino County				
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date: January 1, 2007	Ending Date: March 31, 2008		a. Applicant		b. Project 41
15. ESTIMATED FUNDING:	March 51, 2000				REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 PROC		/APPLICATION WAS MADE
		900,000	a. res. 🛍 AVAILAI	BLE TO THE STA	ATE EXECUTIVE ORDER 12372
b. Applicant \$	gegrand treatment and the second and accompanies of the second of the second and the second and the second and		PROCE	SS FOR REVIEV	VON
c. State	RECEIVE	.00	DATE:		
d. Local \$ City of Needles In-Kind	- 6 0000	100.000	b. No. PROGRA	AM IS NOT COV	ERED BY E. O. 12372
e. Other \$	JUN 0 6 2006	00	1		T BEEN SELECTED BY STATE
f. Program Income \$	ATE CLEARING HO	USE .ºº			NT ON ANY FEDERAL DEBT?
g. TOTAL \$	The Control of the Co	1,000,000	Yes If "Yes" attac	h an explanation	. 📮 No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF.		1	•	
DOCUMENT HAS BEEN DULY A	NUTHORIZED BY THE	SOVERNING BODY OF 1	HE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative			la z	. N	
Prefix Mr.	First Name Richard		Middle Dona	e Name ald	
Last Name Rowe			Suffix		
o. Title City Manager				ephone Number (326-2113	(give area code)
I. Signature of Authorized Repres	entative M	GALLA)	e. Dat	e Signed 30, 2006	

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102



APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTANCE		2. DATE SUBMITTED May 1, 2006		Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
<u>Application</u>	Preapplication					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	<u> </u>				
Legal Name:			Organizational Unit:			
City of San Joaquin			Public Body			
Address (give city, county, State,		Name and telephone in this application (give a	number of person to be contacted on matters involving			
P O BOX 758			this application (give a	rea code)		
San Joaquin, CA 936	60		Lupe Estrada	(559) 693-4311 ext. 20		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
9 4 - 6 0 0 0	4 1 8		A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
☑ New	Continuation	Revision	C. Municipal	J. Private University		
-		,	D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization		
A. Increase Award B. Deci	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other(s			'			
		·	9. NAME OF FEDERA			
			USDA Rural Dev	relopment		
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
·		1 0 - 7 6 6	Preschool Playground rehab and equipment			
TITLE: Community F				,		
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	ites, etc.):				
San Joaquin						
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:				
Start Date Ending Date	a. Applicant 20 - C	costa	b. Project 20 Costa			
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
			ORDER 12372 PR	ROCESS?		
a. Federal	\$	24.800				
		31,890		APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	10,674	AVAILABLE TO THE STATE EXECUTIVE ORDER 12 PROCESS FOR REVIEW ON:			
c. State	RECEIVED	.00				
d. Local	\$ JUN 0 6 2006	00	DATE	AM IS NOT COVERED BY E. O. 12372		
e. Other	\$ TATE CLEARING HOU	JSE . [∞]		GRAM HAS NOT BEEN SELECTED BY STATE		
f. Program Income	Superior and the superi	00				
	•		17. IS THE APPLICAT	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	42,564 ·	Yes If "Yes,"	attach an explanation.		
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALI	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	TION ARE TRUE AND CORRECT, THE		
			E APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF 1		·		c. Telephone Number		
a. Type Name of Authorized Repr CR4そ	smos	City Mana	iger	693-4311		
d. Signature of Authorized Repres	- Linting			e. Date Signed		

TO:5596263909

APPLICATION FOR APR 272

FEDERAL ASSIST	ANCE	2 0450			IMB Approval No. 034
	717 V L	Z. DATE SUBMITTED		Applicant Identifier	
TYPE OF SUBMISSION:			0, 2006)	
Application Construction	Prespolication Construction	3. DATE RECEIVED B	-	State Application identifi	ler .
Non-Construction		4. DATE RECEIVED &	Y FEDERAL AGENCY	Federal Identifier	
APPLICANT INFORMATION	Non-Construction				
egal Name					
Orange Cove Fire F	Protection District	of Fresno & Tulan	Organizational Unit:	1	
	, and zip code):	Tribulio di Tolali	e Special Distri	CI	
550 Center St	•		Name and telephone	number of person to be co	ntacted on matters inv
Drange Cove, CA 95	i646		this application (give a	trea code)	
EMPLOYER IDENTIFICATIO	ad Attachment		Robert Terry	559-626-7758	
94-8035	NUMBER (EIN).		7. TYPE OF APPLIC	ANT: (enter appropriate loss	St. in transit
	14 0 3	,		And the sale of th	Parket Street
TYPE OF APPLICATION:		-	A. State	H. Independent School Di	, G
☑ New			B. County	I. State Controlled inetituit	On of Higher's saming
	CO - CHARLESTON	Revision	C. Municipal	J. Private University	= fried mind
Revision, enter appropriate lett	er(s) in box(ss)		D. Township	K. Indian Tribe	
	<u></u>	4 1_1	E. Interstate	L. Individual	
Increase Award 8. Dec	resse Award C. Increase	Duration	F Intermunicipal	M. Profit Organization	
Decrease Duration Other(s	specify):		G. Special District	N. Other (Specify)	-
			. NAME OF FEDERA	LACTION	
CATALOGGE			USDA Rural Deve	elopment	
CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:		LE OF APPLICANT'S PRO	
	[10-766			DJECT:
TITLE: Communicate E	in a state of	الماما _ الماما	Replace roof on t	ire station	
TITLE: Community F	acilities Grant				
AREAS AFFECTED BY PRO.	JEGT (Cities, Countles, Stat	los, etc.);			
range Cove, CA		l			
PROPOSED PROJECT	14 COMPANY				
	14. Congressional dis	tricts of:			
Date Ending Date	. Applicant				
	21 Devin	Nunes	Project		
STIMATED FUNDING:		***************************************	A Alle	21 Devin Nunes	
			6. IS APPLICATION S	UBJECT TO REVIEW BY	STATE EXECUTIVE
deral		8	ORDER 12372 PRO	CE\$87	
771		525.00	A VEG DINA		
plicant		00	TES. THIS PREAP	PLICATION/APPLICATION	WAS MADE
110	EIVED	0	AVAILABLE T	O THE STATE EXECUTIVE	E ORDER 12372
- I RHE	JEIV - T	.00	FRUCESS FO	OR REVIEW ON:	
31	- SE TRAGE 1		DATE		
<u> </u>	V 0 6 5006 -	, as			
101	- LATEP		b. No. D PROGRAM	IS NOT COVERED BY E.	3 42270
1	CLEARING HOUSE	75 00	OR PROGR	am has not been selec	7.76372 TED BY BE
rem Income STA	*57.5	75.00	FOR REVIEN	M.	STATE
		00			
AL		17	. IS THE APPLICANT	DELINQUENT ON ANY FE	OCEA - OFFI
1-	<u>.</u>				
THE BEST OF MY KNOWLE	DGE AND BELIEF ATIE		Yes If "Yes," atta		Z No
THE BEST OF MY KNOWLE MENT HAS BEEN DULY AU CHED ASSURANCES IF THE	THORIZED BY THE GOVE	PHING DOOY OF THE	ON/PREAPPLICATION	ARE TRUE AND CORRE	CY. THE
THE PROPERTY OF THE PROPERTY O	ACCIETANOS	PLANTE BUDY OF THE A	PPLICANT AND THE A	PPLICANT WILL COMPL	Y WITH THE
		Title			······································
aif i fillh	100	ire Chief	[c.]	elephone Number	-
Authorized Hapresent	stive	- A MAIN	(5	59) 626-7758	
Comment of the	<u> </u>		e. Ĉ	Date Signed	
Edition Usable				4-27-06	
TO THE LOCAL MANAGEMENT	-			Standard Par 14.	

FEDERAL ASSISTANCE	=			_	Version 7/0
1. TYPE OF SUBMISSION:		2. DATE SUBMITT		Applicant Ide	ntifier Version 7/0
Application	Pre-application	3. DATE RECEIVE		State Applica	tion Identifier
Construction	Construction	4. DATE RECEIVE	D BY FEDERAL A	GENCY Federal Ideni	ifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			_	
Legal Name:			Organizatio		
Southern California Association	of Governments		Department		
Organizational DUNS:	RECE	WED -	Planning an Division:	d Policy	
Address:		6 2006	Transportati	on Planning and Program	mming
Street: 818 West 7th St. 12th Floor	JUN -	6 ZUUD -	Involving th	elephone number of po its application (give an	erson to be contacted on matters
			Prefix;	First Name:	a code)
City: Los Angeles	STATE CLEA	RING HOUSE	Middle Name	Charles	
County: Los Angeles	Constant of partners and the second of the s		Last Name		
State: California	Zip Code		Wagner Suffix:		
Country:	90017				
U.S.A			Email: wagner@sc	an ca nov	
6. EMPLOYER IDENTIFICATIO	· · · · · · · · · · · · · · · · · · ·		Phone Numb	Der (give area code)	Fax Number (give area code)
95-2409649 8. TYPE OF APPLICATION:			(213) 236-18		(213) 236-1825
			7. TYPE OF	APPLICANT: (See bac	k of form for Application Types)
If Revision, enter appropriate lette (See back of form for description)	Me) in hower	Revision			in the production Types)
			Other (specify Joint Powers	() Authoriti	
Other (specify)		~	9. NAME OF	FEDERAL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	F NUMBER:			
			Parform mail	TIVE TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):		20-106	I I I I I I I I I I I I I I I I I I I	HUHAH HIBITISDOMRIKAN PIC	nning, including Phase II work for an (update ground access study),
12. AREAS AFFECTED BY PRO	JECT (Cities, Countles,	States, etc.):	uvalout syste	en planning.	acaets' aud beltown coutiunons
Countles of Los Angeles, Orange	, Ventura, San Bernardi	no, Riverside, Imperi	el ·	_	
13. PROPOSED PROJECT Start Date:				SSIONAL DISTRICTS	O.E.
10/01/06	Eriding Dale: 9/30/07		a. Applicant	CONTRACTOR NOTALE	b. Project
15, ESTIMATED FUNDING:	10000		see attached	CATION AUD III O	N/A "
a. Federal S			CHAPTIA 1591	& FRUCESS?	REVIEW BY STATE EXECUTIVE
b. Applicant S		250,000	a. Yes. 🛭 🛣	HIS PREAPPLICATION	APPLICATION WAS MADE
		13,150	F P	ROCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372
c. State \$		0	_ α	ATE: 6/6/06	
d. Local 5		0 .	b. No. ITI P	ROGRAM IS NOT COV	ERED BY F O 12372
e. Other s		0 · w	-	R PROGRAM HAS NOT	BEEN SELECTED BY STATE
f. Program Income \$		uc	F(UR REVIEW	IT ON ANY FEDERAL DEBT?
g. TOTAL \$		0,	_		
18. TO THE BEST OF MY KNOW OCCUMENT HAS BEEN DULY A	LEDGE AND BELIEF	263,158 ALL DATA IN THIS A		s" attach an explanation.	
ITTACHED ASSURANCES IF TH	UTHORIZED BY THE G IE ASSISTANCE IS AW	OVERNING BODY (OF THE APPLICAN	EAPPLICATION ARE TO IT AND THE APPLICAN	RUE AND CORRECT. THE IT WILL COMPLY WITH THE
refix	irst Name				
\Ar	Mark			Middle Name	
Pisano ,)		100		Suffix	
. Title Executive Director	111	17/		c. Telephone Number (Dive gree code)
. Signature of Authorized Represe	nlative	MAR		J (213) 236-1800	yrro mita coda)
revious Edition Usable				e. Date Signed 5/3/	106

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ADDI ICATION FOR					Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Idea	ntifler
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifier	
Construction	Construction	VI 2000			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational U	nit:	
Death Ind	ustries		Department	Il Business	<u>Adminishad</u>
Organizational DUNS:			Division: 710	al locati	
Address:	uqu	***************************************	Name and teleph	one number of person to	o be contacted on matters
Street:			involving this ap	plication (give area code)
Da Bon 213			Prefix:	First Name:	
City: D.	RE	CEIVED	Middle Name		
County:		N - 8 2006	Last Name	-17V	
State:	Zip Code JU	- 8 2000	Sufflx:	<u> </u>	
	44307	- INCHOUSE	F colle		
Country: U.S.L.	STATE	CLEARING HOUSE	Email: tail	VA BIRBE COOK	
6. EMPLOYER IDENTIFICATIO			Phone Number (gl	ve area codo) Y Fax N	lumber (give area code)
]		(907) 620	5-9432	
8. TYPE OF APPLICATION:			7, TYPE OF APPL	ICANT: (See back of for	rm for Application Types)
LNEV		n Rovision			
If Revision, enter appropriate lett (See back of form for description	er(a) in box(es) of lellers.)		Other (specify)	-/ 1 / 2	
				TO A SENSY	
Other (specify)			9. NAME OF FED	ERAL AGENCY:	
10. CATALOG OF FEDERAL I	OMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLICANT	S PROJECT:
		58-607	To pro	side quant	cad local
TITLE (Name of Program)		- •	£50 m	render to	llone
12. AREAS AFFECTED BY PR	O JECT (Cilles Counties	e States atc.):	- Vinzai n	csuce mable	to detain
_	_		calit		
13. PROPOSED PROJECT	~ Brivery	ino Co, Co.		ONAL DISTRICTS OF:	<u> </u>
Start Dater	Ending Date:		a. Applicant	b. Pro	oject . \
81106	18/1/07		46 IS ADDI ICAT	ION CHE LECT TO BEVIE	W BY STATE EXECUTIVE
15. ESTIMATED FUNDING:				40000	
a. Foderal \$	100,000	·	a. Yes. LAVAII	PREAPPLICATION/APPL ABLE TO THE STATE E	LICATION WAS MADE XECUTIVE ORDER 12372
b. Applicant \$	100,000		PROC	ESS FOR REVIEW ON	
c. State \$,00	DATE	6/6/06	
d. Local \$,00	b. No. T PROC	GRAM IS NOT COVERED	BY E. O. 12372
e. Other \$		·	OR PI	ROGRAM HAS NOT BEE REVIEW	N SELECTED BY STATE
f. Program Income 5		, on	17. IS THE APPL	ICANT DELINQUENT ON	ANY FEDERAL DEBT?
g, TOTAL 5	100,000	. 00	Yes If "Yes" at	tach an explanation.	™ No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAP THE APPLICANT A	PLICATION ARE TRUE A	AND CORRECT. THE ILL COMPLY WITH THE
ATTACHED ASSURANCES IF a. Authorized Representative	INE ASSISTANCE IS A	WAKDED.			
Prafix	First Name		f 	ddle Name	
Last Name	1 105		Su		•
b. Title			c. `	følephone Number (sive a	rea code)
الما معر	contativo			(937) 626-9 Date Signed	433
d. Signature of Authorized Repre	esentativo C	61020	6. 1	6/6/06	
Previous Edition Usable Authorized for Local Reproduction	on				ndard Form 424 (Rev.9-2003) cribed by OMB Circular A-102

(PPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED		Applicant Ide	ntifier
TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY 1	STATE	State Applica	tion Identifier
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	ifier
Non-Construction	Non-Construction	n			
APPLICANT INFORMATIO	N		Organizational Uni	L:	
egal Name:			Department:		
City of Highland			Division:		
organizational DUNS: 51-900-5218			- Charles and the Control of the Con		to he contacted on matters
ddress:		- RECEIVE	Name and telephor	ne number of p ication (give ar	erson to be contacted on matters en code)
Street: 17215 Base Line			Prefix:	First Name:	
4/1		JUN 0 9 2006	Mr Middle Name	Joseph	-
city: Highland					1.
ounty: San Bernardino		STATE CLEARING HO	Uninghes	· ·	
State: Callfornia	Žip Code 92346		Suffix:		
	92348		Email:		
Country: JSA			Joe_hughes@eee.c		Fax Number (give area code)
EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		(909) 864-6861	W (111 111)	(909) 862-3180
33-027063	8		1 1 2	CANT: (See ha	ick of form for Application Types)
3. TYPE OF APPLICATION:	-		/. TIPE OF AFFE	OX111. (CLD 22	,,
Revision, enter appropriate i	lew 🔲 Continua etter(s) in box(es)	tion Revision			
See back of form for descript	on of letters.)		Other (specify)		
266 DRCK OF INTUITION GESCUIDS					
	لــا	₩	9, NAME OF FEDE	RAL AGENCY	
Other (specify)	L		I EPA		
Other (specify)	L	ANCE NUMBER:	11. DESCRIPTIVE	TITLE OF APP	LICANT'S PROJECT:
Other (specify)	L	ANCE NUMBER: 06-202	I EPA	TITLE OF APP	LICANT'S PROJECT:
Other (specify)	L		11. DESCRIPTIVE	TITLE OF APP	LICANT'S PROJECT:
Other (specify) 10. CATALOG OF FEDERA TITLE (Name of Program): Solid Waste Disposal Act	L DOMESTIC ASSISTA	86-202	11. DESCRIPTIVE	TITLE OF APP	LICANT'S PROJECT:
Other (specify) 10. CATALOG OF FEDERA TITLE (Name of Program): Solid Waste Disposal Act 12. AREAS AFFECTED BY	L DOMESTIC ASSISTA	86-202	11. DESCRIPTIVE Funding for Highla	TITLE OF APP	LICÁNT'S PROJECT: el Learning Center
Other (specify) 10. CATALOG OF FEDERA TITLE (Name of Program): Solid Waste Disposal Act 12. AREAS AFFECTED BY Highland, San Bernardino, C	L DOMESTIC ASSISTA	86-202	11. DESCRIPTIVE Funding for Highla	TITLE OF APP	LICANT'S PROJECT: gl Learning Center S OF:
Other (specify) 10. CATALOG OF FEDERA TITLE (Name of Program): Solid Waste Disposal Act 12. AREAS AFFECTED BY Highland, San Bernardino, C 13. PROPOSED PROJECT Start Date:	PROJECT (Cities, Couralifornia	86-202	11. DESCRIPTIVE Funding for Highla 14. CONGRESSIO a. Applicant 41st	TITLE OF APP	LICANTS PROJECT: pl Learning Center S OF: b. Project 41st
Other (specify) 10. CATALOG OF FEDERA TITLE (Name of Program): Solid Waste Disposal Act 12. AREAS AFFECTED BY Highland, San Bernerdino, C 13. PROPOSED PROJECT Start Date: November 2006	L DOMESTIC ASSISTA	86-202	11. DESCRIPTIVE Funding for Highla 14. CONGRESSIO a. Applicant 41st 16. IS APPLICATI	TITLE OF APP IN Environment NAL DISTRICT ON SUBJECT 1	LICANT'S PROJECT: pl Learning Center S OF: b. Project
Other (specify) 10. CATALOG OF FEDERA TITLE (Name of Program): Solid Waste Disposal Act 12. AREAS AFFECTED BY Highland, San Bernardino, C 13. PROPOSED PROJECT Start Date: November 2006 15. ESTIMATED FUNDING:	PROJECT (Cities, Cour allfornie Ending Date: December 2007	86-202	11. DESCRIPTIVE Funding for Highla 14. CONGRESSIO a. Applicant 41st 16. IS APPLICATI ORDER 12372 PR	TITLE OF APP IN Environment INAL DISTRICT ON SUBJECT 1 OCESS?	LICANT'S PROJECT: pl Learning Center S OF: b. Project a1st O REVIEW BY STATE EXECUTIVE ON/APPLICATION WAS MADE
Other (specify) 10. CATALOG OF FEDERA TITLE (Name of Program): Solid Waste Disposal Act 12. AREAS AFFECTED BY Highland, San Bernerdino, C 13. PROPOSED PROJECT Start Date: November 2006	PROJECT (Cities, Cour allfornia Ending Date: December 2007	86-202	11. DESCRIPTIVE Funding for Highla 14. CONGRESSIO a. Applicant 41st 16. IS APPLICATI ORDER 12372 PR THIS I A Yes. A VAIL	TITLE OF APP IN Environment ON SUBJECT 1 OCESS? PREAPPLICATI ABLE TO THE	LICANT'S PROJECT: By Learning Center S OF: Do. Project A1st TO REVIEW BY STATE EXECUTIVE ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
Other (specify) 10. CATALOG OF FEDERA TITLE (Name of Program): Solid Waste Disposal Act 12. AREAS AFFECTED BY Highland, San Bernardino, C 13. PROPOSED PROJECT Start Date: November 2006 15. ESTIMATED FUNDING:	PROJECT (Cities, Cour allfornie Ending Date: December 2007	a 6 = 2 0 2	11. DESCRIPTIVE Funding for Highla 14. CONGRESSIO a. Applicant 41st 16. IS APPLICATI ORDER 12372 PR AVAIL PROC	TITLE OF APP IN Environment ON SUBJECT 1 OCESS? PREAPPLICATI ABLE TO THE S ESS FOR REVI	LICANT'S PROJECT: By Learning Center S OF: Do. Project A1st TO REVIEW BY STATE EXECUTIVE ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
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Other (specify) 10. CATALOG OF FEDERA TITLE (Name of Program): Solid Waste Disposal Act 12. AREAS AFFECTED BY Highland, San Bernardino, C 13. PROPOSED PROJECT Start Date: November 2006 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State	PROJECT (Cities, Couralifornia Ending Date: December 2007	1,724,300	11. DESCRIPTIVE Funding for Highla 14. CONGRESSIO a. Applicant 41st 16. IS APPLICATI ORDER 12372 PR AVAIL PROC	TITLE OF APP INAL DISTRICT ON SUBJECT 1 OCESS? PREAPPLICATI ABLE TO THE 6 ESS FOR REVI	LICANT'S PROJECT: By Learning Center S OF: Do. Project A1st TO REVIEW BY STATE EXECUTIVE ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
Other (specify) 10. CATALOG OF FEDERA TITLE (Name of Program): Solid Waste Disposal Act 12. AREAS AFFECTED BY Highland, San Bernardino, C 13. PROPOSED PROJECT Start Date: November 2006 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local	PROJECT (Cities, Court allfornia Ending Date: December 2007	1,724,300 00	11. DESCRIPTIVE Funding for Highla 14. CONGRESSIO a. Applicant 41st 16. IS APPLICATI ORDER 12372 PR THIS I AVAIL PROC	TITLE OF APP IN Environment ON SUBJECT 1 OCESS? PREAPPLICATI ABLE TO THE 3 ESS FOR REVI : 06/09/2006 GRAM IS NOT C	LICANT'S PROJECT: By Learning Center S OF: Do Project A16t ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 EW ON OVERED BY E. O. 12372
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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR				
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier
		2/27/06		
. TYPE OF SUBMISSION:		3. DATE RECEIVED E	BY STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
APPLICANT INFORMATION			T	
gaiName: California Poultr	v Federation		Organizational Unit:	-
dress (give city, county, State			Name and telephone r	number of person to be contacted on matters involving
640 Spyres Way,			this application (give a	
•			William H. I	Mattos
lodesto, CA 9535	0		209-576-635	5
EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriata latter in box)
95 -1889	524		A. State	H. Independent School Dist.
TYPE OF APPLICATION:				I. State Controlled Institution of Higher Learning
	—	Revision	C. Municipal	J. Private University
⊠ Nev	w . Continuation	TT VGAIRION	D. Township	K. Indian Tribe
Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual
energente meraner felicher seler erenn jen	.,,	السسا		M. Profit Organization
, Incressa Award 8. Dec	reese Award C. Increase	Duration	G. Special District	N. Other (Specify) Non profit trade organiza
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			9. NAME OF FEDERA	•
			USDA Rural I	Development
	CHECTO ACCIOTANCE NI	MPCD.	11 DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
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APPLICATION FOR	•		A DATE CURNISTED				Version 7/0
FEDERAL ASSISTANCE			2. DATE SUBMITTED	1	Applicant Ider	tifier	
1. TYPE OF SUBMISSION: Application	Pre-appil	cation	3. DATE RECEIVED B			State Applicat	ion Identifier
Construction	Const	ruction	4. DATE RECEIVED B	Y FEDERAL AGE	ENCY	Federal Identi	fler
Non-Construction	Non-Ce	onstruction			1		
6. APPLICANT INFORMATION Legal Name:							
				Organization	al Unit:		
State of California				Department;	Departm	ent of Aging	
Organizational DUNS:			Management Control of the Control of	Division:	•		
Address:		DE	TENVER	Name and tel	lenhone r	umber of ne	rson to be contacted on matters
Street: 1300 National Drive, Su	ite 200	THE C	JEIVED-	Prefix:	applicat	tion (give are	a code)
City: Sacremento		HUU.	I- 0 9 2006	Ms Middle Name			Johnna
County: Sacramento		STATE C	LEARING HOUSE	Last Name	Meyer	V	
State: California	Zip Code	95834		Suffix:			
Country: United States of Amer	ice			Email;			
6. EMPLOYER IDENTIFICATION		R (FIN):		Jmeye	≘r@aging.	.ca.gov	
		·- (- ///).		Phone Numbe		a code)	Fax Number (give area code)
94-6001347		·		(916) 419-755			(916) 928-2509
8. TYPE OF APPLICATION:	h -s		_	7. TYPE OF A	PPLICAN	IT: (See back	of form for Application Types)
K/i Now If Revision, eπter appropriate lette	r(s) in hov	Continuation	Revision	(A) - State			
(See back of form for description	of letters.)			Other (specify)			
Other (specify)				9. NAME OF F U. S. Depar	FEDERAL	AGENCY:	ment and Training Administration
10. CATALOG OF FEDERAL D	OMESTIC	ASSISTANC	E NUMBER:	11. DESCRIPT	TIVE TITL	E OF APPLIC	CANT'S PROJECT:
TITLE (Name of Program): Senio	or Commun	nity Service En	17-235 mployment Program States, etc.):	subsidized pa	ert-time op 1 55 and c	portunities in older, an d wil l	loyment Program will provide communities for low-income assist them in transitioning to
State of California (Exhibit H)			. ,				
13. PROPOSED PROJECT				14. CONGRES	ESIONAL	DISTRICTS	DE.
Stan Date:	Ending (Date:		a. Applicant	SOLOMAL	DISTRICTS	b. Project
July 1, 2006 15. ESTIMATED FUNDING:		June 3	0, 2007	_	California		•
15. ESTIMATED FUNDING:				16. IS APPLIC ORDER 12372	ATION S	UBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$			7.400.000	Y (TX Th	IS PREA	PPLICATION	APPLICATION WAS MADE
b. Applicant S			7,406,208	_	VAILABLE	TO THE STA	TE EXECUTIVE ORDER 12372
			1,366,237		100533	FOR REVIEW	VON
c. State \$			2,024,000	DA	ATE: 06/0	9/2006	
d. Local \$			ao	b. No. 🗔 PR	ROGRAM	IS NOT COV	ERED BY E. O. 12372
e. Other \$			·		R PROGR	AM HAS NOT	FBEEN SELECTED BY STATE
f. Program Income \$				17. IS THE AP	PLICANT	DELINQUE	T ON ANY FEDERAL DEBT?
g. TOTAL \$			10,796,445	Yes If "Yes"	" attach a	n explanation.	No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TI		EU DI INCL	SUVERNING KUINY ()E	PLICATION/PRE THE APPLICAN	APPLICA	ATION ARE T HE APPLICAL	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name	, -			Middle	2000	
Ms Last Name		Lora			Middle N	eme .	
Connolly					Suffix		•
o. Title Acting Director					c. Teleph (916)	one Number (419-7500	(give area code)
I. Signature of Authorized Repres	entative [on le	mulh		e. Date S	igned ,	7/01
Previous Edition Usable Authorized for Local Reproduction		,	7				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR	,	2. DATE SUBMITTED		Applicant Iden	Version 7/03
FEDERAL ASSISTANCE					
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Applicat	ion Identifier
√☐ Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction		v		
5. APPLICANT INFORMATION Legal Name:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, r	Organizational Un	íÉ	
California Department of Pestici	de Regulation		Department:		17.7
Organizational DUNS:	de i readilation		Division:		
80932197	DEC	ENER	Name and tolopho	ne number of pe	rson to be contacted on matters
Address:		, ETVILLE	involving this app	lication (give are	a code)
P.O. Box 4015	11181	1 2 2006	Prefix:	First Name: David	
City: Sacramento	JUIN	1 2 2000	Middle Name Charles	1	
County: Sacramento	STATE CL	EARING HOUSE	Last Name McCarty		
State: California	Zip Code 95812	ORRONAL SERVICE SERVIC	Suffix:	~u	
	95812		Email:		
Country: U.S.A.	***************************************	botto- t	dmccarty@cdpr.ca Phone Number (giv		Fax Number (give area code)
6. EMPLOYER IDENTIFICATIO			(916) 323-4995	e area code)	(916) 445-4149
68-0325102]		('''	OANT- /Cookes	k of form for Application Types)
8. TYPE OF APPLICATION:	MH.	•	7. TYPE OF APPL	CANT: (See bac	ik of form for Application Types/
If Revision, enter appropriate let		n Revision		•	
(See back of form for description	of letters.)	. \square	Other (specify)		•
Other (specify)		-	9. NAME OF FEDE U.S. Environmenta	RAL AGENCY:	CV
10. CATALOG OF FEDERAL	OMESTIC ASSISTAN	C ALLIMBED.			CANT'S PROJECT:
TO. CATALOG OF FEDERAL	DOMESTIC Masis (Min	•	Consolidate Coope		
FITE Chianna of Department	•	66-700		.	
FITLE (Name of Program):		and the second s			
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):		,	
13, PROPOSED PROJECT			14. CONGRESSIC	NAL DISTRICTS	OF:
Start Date: July 1, 2006	Ending Date: ~ June 30, 200%		a. Applicant State of California	•	b. Project Statewide
15. ESTIMATED FUNDING:	30110 00, 2000				REVIEW BY STATE EXECUTIVE
la Federal \$		₩	ORDER 12372 PR	DCESS? PREAPPLICATIO	N/APPLICATION WAS MADE
		1,038,360	s. Yes./k/L AVAIL	ABLE TO THE ST	TATE EXECUTIVE ORDER 12372
b. Applicant 5		. ,	PROC	ESS FOR REVIE	W QN
c. State \$		349,564]	May 31, 2006	
d. Local \$			b. No. ITI PROG	RAM IS NOT CO	VERED BY E. O. 12372
e. Other S		,80	☐ FOR F	EVEW	OT BEEN SELECTED BY STATE
f. Program Income \$, x	17. IS THE APPLI	CANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		1,387,924	☐ Yes If "Yes" att	ach an explanatio	n. 🙎 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	F. ALL DATA IN THIS A	PPLICATION/PREAP	PLICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS	WARDED	THE APPLICANT A	TO THE APPLIE	
a. Authorized Representative	First Name		- In All	dle Name	Ar. Mary
Prefix ·	Mary-Ann				· · · · · · · · · · · · · · · · · · ·
Last Name Warmerdam			Suf		
b. Title	/			elephone Numbe 6) 445-4000	(give area code)
Signature of Ayknorized Repr	25 gntakive/		κ. τ	ate Signed	Control of the Contro
		• 1	Ma	y 31, 2006	

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Application for Fe	ederal Assis	stance SF-424	ı	***************************************	·	-	Version 02
		2. Type of Application New Continuation Revision	h: * If Revisi	on, aelect appropriat	te letter(s):		
* 3. Date Received:		Applicant Identifier;				·	
5a. Federal Entity Ident			₹ 5b. F	ederal Award Identi	ifier:		
State Use Only:							
6. Date Received by St	ate:	7. State Applic	cation Identifie	rı			
8. APPLICANT INFORI					· ·		-
* b. Employer/Taxpayer 956000755		lumber (EIN/TIN):	~ c. Or	ganizational DUNS	<u>;</u>		
d. Address:				***************************************			•
Street2: City: County: State: Province: * Country:	03 East B Stree		USA: UNI	CA: California			
e. Organizational Unit	t:						
Department Name: Ontario Police Departme	enl			n Name: Administration	~~~		
f. Name and contact in Prefix: Middle Name: Last Name: Osborne Suffix:		rerson to be contacted First	on mattera in		leation:	RECEIVE JUN 1 2 200 STATE CLEARING H	6
Title: Police Grants Co	pordinator					STATE CLEARING H	JUSE
Organizational Affiliation	1;	Visit O.			,		
* Telephone Number;	909-395-2092			Fax Number:	909-395-2797		
ˇEmail: sosborne@o	ntariopolice.org						

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type;	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Typo:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	_
* 12. Funding Opportunity Number:	
COPS-OTHER-TECH-2006-1	
* Title:	_
COPS Law Enforcement Technology	
	J
13. Competition Identification Number:	
Title:	
	}
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Ontario; County of San Bernardino Courts	
* 15. Descriptive Title of Applicant's Project:	
Ontario Police Department's Automated Citation Interoperability Project	
Attach supporting documents as specified in agency instructions.	.,,
Control of the second of the s	

Application	for Federal Assista	nce SF-424			· · · · · · · · · · · · · · · · · · ·			Version 02
16. Congressio	nal Districts Of:							
" a. Applicant	CA-043			►b. Prog	ram/Project	CA-026		
Attach an additio	onal list of Program/Projec	t Congressional Districts if r	needed.					
		Dar	ioto Attachi	mant Viow Attac	unemini:			
17. Proposed P	²roject:					,	144	
* a. Start Date:	11/22/2005			* t	b. End Date:	: 11/21/2008		
18. Eslimated F	Funding (\$):							
a. Federal		49,361,00						
b. Applicant		0.00						
* c. State		0.00						
* d. Local	,	0.00						
e. Other		0.00						
≚f. Program Inc	emoc	0.00						
* g. TOTAL		49,361.00						
~ 20. Is the App — Yes 21. "By signing herein are true, comply with an may subject me ** I AGREE ** The list of cert specific instruction	plicant Delinquent On An No Exp this application, I certify complete and accurate my resulting terms if I ac e to criminal, civil, or ad rtifications and assurances lons.	ny Federal Debt? (If "Yes", planatic y (1) to the statements cone to the best of my knowle copt an award. I am award iministrative penalties. (U. 5, or an internet site where y	, provide entained in sedge. I alse that any .S. Code,	explanation.) the list of certific provide the revises, fictibles Title 218, Section	equired ass s, or fraudu on 1001)	surances** and agr	ree to r claims	
Authorized Rep	resentative:		-					
Prefix:		* First Name:	: Al			• • • • • • • • • • • • • • • • • • • •		
Middle Name:							·	
,	Boling						1111	
Suffix:								
* Title; Genera	al Services Director							
· Telephone Num	nber: 909-395-2364	W		Fax Number: [909-395-258	33		
*Email: abolir	ng@cl.ontario.ca.us							
* Signature of Au	uthorized Representative:	Completed by Grants.gov upon a	submission.	Date Signed	d: Completer	d by Grants.gov upon sub	bmission.	

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

		Post-it* Fax	Note 7671	Dans -11.06 p	of ages ► Z		
	To She	16	From David	MSCarty Version 7/0			
APPLICATION FOR FEDERAL ASSISTANCE	•	Co./Dopt.	R OPR				
1. TYPE OF SUBMISSION:	1	Phone #)32Z.2318	Phone # 6/6	323.4595		
Application	Pre-application	Fax# 777	4-9936	Fex# (/(/ U/4/9			
☐ Construction	Construction	1 26	7 2 1	11717			
Non-Construction 5. APPLICANT INFORMATION	☐ Non-Construction				المستحدد المستحددة المستحد والمستحددة والمستحدد والمس		
Legal Name:			Organizational	Únit:	· 20		
California Department of Pestic	ide Regulation		Department:	•			
Organizational DUNS: 80832197			Division;	· · · · · · · · · · · · · · · · · · ·			
80832197 Address	- RECEIN	/ED+	Name and tele	phone number of pe	erson to be contacted on matters		
Street:		7,23,01	involving this	application (give are			
P.O. 8ox 4015	JUN 12'	2006	Prefix:	First Name; David			
City: Sagramento			Middle Namo Charles		N 200 (100 (100 (100 (100 (100 (100 (100		
County:	STATE CLEARIN	IG HOUSE	Last Name McCarty				
Sacramento			McCarty Suffix:				
State: California	Zip Code 95812						
Country; Sacramento	•		Email: dmccarty@cdp	r.ca.gov			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)		
68-0325102	7		(916) 323-4995	(916) 323-4995 (916) 445-4149			
8. TYPE OF APPLICATION:			7. TYPE OF AF	PLICANT: (See bac	k of form for Application Types)		
If Revision, enter appropriate let (See back of form for description Other (specify)	ter(s) in box(es)	. 🗆		EDERAL AGENCY: ental Protection Agen			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	NUMBER:	11. DESCRIPT	IVE TITLE OF APPL	ICANT'S PROJECT:		
		06-20	Consolidated C	coperative Agreeme	nt		
TITLE (Name of Program):		ಜಾಹಾ ಬಾಡಡ	-		•		
12. AREAS AFFECTED BY PR	OJECT (Cilies, Counties, Si	ates, etc.):					
41 COCCOCED DDG (FOT	**************************************			SIONAL DISTRICTS	<u>^</u>		
13. PROPOSED PROJECT Start Date:	Ending Date:		a, Applicant		b. Project		
July 1, 2006	Juno 30, 2007		State of Californ		Statewide		
15. ESTIMATED FUNDING:	•		ORDER 12372		REVIEW BY STATE EXECUTIVE		
a, Federal S		35,000	2 Yes IN TH	IS PREAPPLICATION	N/APPLICATION WAS MADE		
b. Applicant \$	<u> </u>	- 00,000		OCESS FOR REVIE	TATE EXECUTIVE ORDER 12372 W ON		
c. State \$	1887-1988-19 1877-1888-1990-1881 (m. 1998-1974 m. 1988-1988 m. 1988-1988 m. 1988-1988 m. 1988-1988 m. 1988-198		DA [*]	DATE: June 8, 2006			
d. Local \$		<u>,</u>	b. No. III PR	OGRAM IS NOT CO	VERED BY E. O. 12372		
e. Other \$				PROGRAM HAS NO	OT BEEN SELECTED BY STATE		
f. Program Income \$			17. IS THE AP	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		35,000	Yes If "Yes"	attach an explanation	n. 🖾 No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY	S APPLICATION/PREA Y OF THE APPLICANT	APPLICATION ARE APPLICA	TRUE AND CORRECT. THE NOT WILL COMPLY WITH THE		
a. Authorized Representative Prefix	First Name Mary-Ann		in the second	Middle Name			
Last Name	тмагу-Апп			Suffix			
Warmer-Dam b. Title			-4	. Telephone Number	(divid gree code)		
Director	and the second s		<u> </u>	(916) 445-4000	Wing alog word)		
d. Signature of Authorized Repre	100 / // // // // // // // // // // // //			n Date Signed June 8, 2006			
Previous Editor deservie	1. []			THE STREET STREET, WAS A STREET, STREE	Standard Form 424 (Rev.9-2003		

Prescribed by OMB Circular A-102

PPLICATION FOR		<u> </u>		Applicant Identifier	Version 7/03		
EDERAL ASSISTANCE	E	2. DATE SUBMITTED					
TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED B					
pplication Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	ICY Féderal Identifier			
Non-Construction	Non-Construction						
APPLICANT INFORMATION			Organizational Unit:				
gal Name:			Department:				
ri-County Econom	de Developmen	t Corporation	División:				
15-340-4116			Namo and telephone	e number of person	to be contacted on matters		
dres:			Involving this applic	atlon (give area cod	e)		
	G E		Prefix:	First Name: Marc	RECEIVE	n	
3120 Cohasset Rd.	, 2ce. 3		Middle Name		THUMINE	U	
ily: Chico			Last Name		IIIN TO COC	1	
County:			Nemanic	<u>,</u>	JUN 1 2 2006	1	
Butte County	Zip Code		Suffix:				
CA	95973		Email:		STATE CLEARING HO	USE	
Country:		•		ntvedc.org	1		
USA . EMPLOYER (DENTIFICATIO	ON NUMBER (EIN):	,	Phone Number (give	area code) Fax	Number (give area code)		
68 - 0065873			(530) 893-87	32 (53	30) 893-0820	1	
TYPE OF APPLICATION:			l l		rm for Application Types)		
r N	ew 5 Continuat	tion Revision	O. Not for	Profit Organ	nization		
Revision, enter appropriate le See back of form for description	elter(s) in box(es)		Other (specify)				
Other (specify)			9. NAME OF FEDER Economic Dev	9. NAME OF FEDERAL AGENCYU. S. Dept of Commerce Economic Development Administration 13. DESCRIPTIVE YITLE OF APPLICANT'S PROJECT:			
O. CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE Y	TLE OF APPLICAN	rsykojedi of chis investment		
Economic Develop	ment Support	for 11 - 302	The Frogram	The Program objectives of this investment will support economic development programs			
Planning Pograniz	ation		Will support	Seconomic of	eation of jobs for	7	
		es Clotet Me I	that Will I	ned and made	remployed, as well	i	
2 AREAS AFFECTED BY P Butte, Glenn, &	Roject (Ches, Count) Tehama Count 1	es & the	tre nrembro	yed and unde	s in the Tri-Count	r Re	
Incorporated Cit	les therein		14. CONGRESSION	AL DISTRICTS OF:	d TIT AIL ALT COMM	T -	
	[Ending Date:		a, Applicant	b. F	roject	1	
Slart Dale:	6-30-07		l '' a		2	4	
7-1-06 S, ESTIMATED FUNDING:	1 0-30-07			CFCC7	VIEW BY STATE EXECUTIVE	1	
	6		ORDER 12372 PRO	PREAPPLICATION?	PPLICATION WAS MADE EXECUTIVE ORDER 12372	1	
a. Federal	67 0		AJIAVA XI .29Y .E	BLE TO THE STATE	EXECUTIVE ORDER 12372		
b. Applicant	1 11	WU	PROCE	SS FOR REVIEW OF	N	1	
в, дружати	5	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	
	5			6/9/06			
	\$		DATE:	•	FO BY E. O. 12372		
	\$	•	DATE:	RAM IS NOT COVER			
c. State d. Local	\$ 67,0	•	D. No. PROGE	RAM IS NOT COVERI	ED BY E. O. 12372 BEEN SELECTED BY STATE		
c. State d. Local e. Other	\$	000	DATE: D. No. PROGR	RAM IS NOT COVER!	SEEN SELECTED BY STATE		
c. State d. Local e. Other	\$	000	DATE: D. No. PROGR	RAM IS NOT COVER!			
d. Local a. Other f. Program Income	\$ 67,0 \$	000 .va	D. No. PROGE OR PR FOR RI 17, IS THE APPLIC.	RAM IS NOT COVERING TO SERVICE OF THE SERVICE OF TH	DEEN SELECTED BY STATE DN ANY FEDERAL DEBT? No		
a. Other f. Program Income g. TOTAL 18. YO THE BEST OF MY	\$ 67,0 \$ 134,00 KNOWLEDGE AND BE	000 00 ELIEF, ALL DATA IN YE	DATE: D. NO. PROGR OR PR FOR RI 17, IS THE APPLIC. 18 APPLICATION PRE	CAM IS NOT COVERING TO SERVICE TO	DN ANY FEDERAL DEBT? No No THE AND CORRECT. THE		
d. Local e. Other f. Program Income g. TOTAL 18. YO THE BEST OF MY DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	\$ 67,0 \$ 134,00 KNOWLEDGE AND BE LY AUTHORIZED BY E IF THE ASSISTANCE I	000 00 ELIEF, ALL DATA IN YE	D. No. PROGE OR PR FOR RI 17, IS THE APPLICATION/PREA	CAM IS NOT COVERING THE AND COVERING THE APPLICANT	DN ANY FEDERAL DEBT? No No THE AND CORRECT. THE		
d. Local a. Other f. Program Income g. TOTAL 18. YO THE BEST OF MY DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Authorized Representative Prefix	\$ 67,0 \$ 134,00 KNOWLEDGE AND BE LY AUTHORIZED BY IF THE ASSISTANCE I	000 00 ELIEF, ALL DATA IN YE	D. No. PROGE OR PR FOR RI 17, IS THE APPLICATION/PREA	CAM IS NOT COVERING TO SERVICE TO	DN ANY FEDERAL DEBT? No No THE AND CORRECT. THE		
d. Local e. Other f. Program Income g. TOTAL 18. YO THE BEST OF MY DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Authorized Representative MT.	\$ 67,0 \$ 134,00 KNOWLEDGE AND BE LY AUTHORIZED BY E IF THE ASSISTANCE I	000 00 ELIEF, ALL DATA IN YE	D. No. PROGE OR PR FOR RI 17, IS THE APPLICATION/PREA	RAM IS NOT COVERING THE PROPERTY OF THE APPLICANT IN THE APPLICANT	DN ANY FEDERAL DEBT? No No THE AND CORRECT. THE		
d. Local e. Other f. Program Income g. TOTAL 18. YO THE BEST OF MY DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Authorized Representative Prefix Mr. Last Name	\$ 67,0 \$ 134,00 KNOWLEDGE AND BE LY AUTHORIZED BY IF THE ASSISTANCE I	000 00 ELIEF, ALL DATA IN YE	DATE: D. NO. PROGE OR PR FOR RI 17, IS THE APPLICATION/PREA OF THE APPLICANT AN Midd Suffice Suffice OATE: PROGE OR PR OR P	CAM IS NOT COVERING TO COVER IN THE COVER IN	DEEN SELECTED BY STATE ON ANY FEDERAL DEBT? TO NO TRUE AND CORRECT. THE WILL COMPLY WITH THE		
d. Local e. Other f. Program Income g. TOTAL 18. YO THE BEST OF MY DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Authorized Representative Prefix MT. Last Name Nemanic D. Title	\$ 67,0 \$ 134,00 KNOWLEDGE AND BE LY AUTHORIZED BY T IF THE ASSISTANCE I	000 00 ELIEF, ALL DATA IN YE	DATE: PROGE OR PR FOR RI 17, IS THE APPLICATION/PREA OF THE APPLICANT AN Midd Suffi	CAM IS NOT COVERING TO SERVICE WANT DELINQUENT COMMENT OF THE PROPERTY OF THE	DEEN SELECTED BY STATE ON ANY FEDERAL DEBT? TO NO TRUE AND CORRECT. THE WILL COMPLY WITH THE		
d. Local e. Other f. Program Income g. TOTAL 18. YO THE BEST OF MY DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Authorized Representative Prefix Mr. Last Name	\$ 67,0 \$ 134,00 KNOWLEDGE AND BE LY AUTHORIZED BY IF THE ASSISTANCE I	000 00 ELIEF, ALL DATA IN YE	DATE: PROGE OR PR FOR RI 17, IS THE APPLICATION/PREA OF THE APPLICANT AN Midd Suffi	CAM IS NOT COVERING TO COVER IN THE COVER IN	DEEN SELECTED BY STATE ON ANY FEDERAL DEBT? NO RUE AND CORRECY. THE WILL COMPLY WITH THE		

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE				TYPE OF SUBMISSION: Non-Construction		
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	R NATIONAL AND COMMUNITY VICE (CNCS):			STATE APPLICATION IDENTIFIER:		
04/26/06 2b. APPLICATION ID:	4. DATE RECEIVED:			GRANT NUMBER:		
06SR063983	04/26/06					
5. APPLICATION INFORMATION						
LEGAL NAME: Kings/Tulare Area Agency on Aging DUNS NUMBER: 827667692			NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Mary A. Lawrence TELEPHONE NUMBER: (559)730-2551 ex 272 FAX NUMBER: (559)730-2575 INTERNET E-MAIL ADDRESS: mlawrenc@tularehhsa.org			
ADDRESS (give street address, city, state and zip code): 3500 W. Mineral King Ave., Ste A Visalia CA 93291 - 5635						
6. EMPLOYER IDENTIFICATION NUMBER (El. 946000545	IN):		7. TYPE OF APF 7a. Local Govern 7b. Area Agency			
8. TYPE OF APPLICATION: X NEW CONTINU REVISION If Revision, enter appropriate letter(s) in box(es A. Increase Award B. Decrease Award D. Decrease Duration	EVISION n, enter appropriate letter(s) in box(es): de Award B. Decrease Award C. Increase Duration		7a. Local Government - County 7b. Area Agency on Aging RECEIVED JUN 1 2 2006 STATE CLEARING HOUSE			
				ederal agency: Ition for National and Community Service		
10a. CATALOG OF FEDERAL DOMESTIC ASS 10b. TITLE: Retired and Senior Volunteer Prog 12. AREAS AFFECTED BY PROJECT (List Cit	gram			VE TITLE OF APPLICANT'S PROJECT: Counties RSVP		
Kings and Tulare Counties						
13. PROPOSED PROJECT: START DATE: 07/	01/06 END	DATE: 06/30/09	14. PERFORMAI	NCE PERIOD: START DATE: 07/01/06 END DATE: 06/30/09		
15. ESTIMATED FUNDING:				TION SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. FEDERAL	\$ 72,278.00)	ORDER 12372 P			
b. APPLICANT	\$ 75,192.00)	TO TH	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE HE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON:		
c. STATE	\$ 0.00)		:: 01-MAY-06		
d. LOCAL	\$ 75,192.00)	-			
e. OTHER	\$ 0.00)				
f. PROGRAM INCOME	\$ 0.00)	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES if "Yes," attach an explanation. X NO			
g. TOTAL	\$ 147,470.00					
18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING B IS AWARDED.	BELIEF, ALL DATO	TA IN THIS APPLICAT PLICANT AND THE AI	ION/PREAPPLICA PPLICANT WILL C	ATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE		
a. TYPED NAME OF AUTHORIZED REPRESE	ENTATIVE:	b. TITLE:		c. TELEPHONE NUMBER:		
John W. Hughes		Program Manager	VIII.	559-737-4660		
				d. DATE: 04/26/06		

Prefix First Name
Thomas First Name
Suffix

Last Name
McClanahan

b. Title
Associate Vice President for Research and Sponsored Programs
d. Signature of Authorized Representative

e. Date Signed

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBN	AITTED	Applicant Identifier
SF 424 (R&R)	3. DATE RECE	EIVED BY STATE	State Application Identifier
* TYPE OF SUBMISSION	4. Federal Ide	entifier	
Pre-application			
APPLICANT INFORMATION		• Organizati	ional DUNS: 1136450640000
egal Name: University of California Merced			
epartment: N/A	Division: So	chool of Natural Sciences	s
Street1: 5200 North Lake Road	Street2:	- ru:	1700 4 7000
City: Merced Co	unty:	.,,	* State: CA * ZIP Code: 95343
Country: USA			
Person to be contacted on matters involving this applica-	ation		0.40
reflx: First Name:	Middle Name:		* Last Name: Suffix:
Thea	JL		Email: [tvicarl@ucmerced.edu
Phone Number: 209-724-4318	ax Number: 209	<u></u>	Email. (Vican@ucmarceu.euu
. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICA	
27-0093858	_	F: Sta	ste-Controlled Institution of Higher Education
. TYPE OF APPLICATION: Vew		Other (Specify):	Small Business Organization Type
Resubmission Renewal Continuation	Revision	☐ Women Owned	Socially and Economically Disadvantage
f Revision, mark appropriate box(es).		9. " NAME OF FEDERA	AL AGENCY:
A. Increase Award B. Decrease Award C. Ir	icrease Duration	Chicago Service Center	·
D. Decrease Duration E. Other (specify)		10. CATALOG OF FED	DERAL DOMESTIC ASSISTANCE NUMBER:
Is this application being submitted to other agencies?	Yes NoV	81.049	
Vhat other Agencies?	<u> </u>	TITLE: Office of Scien	nce Financial Assistance Program
	AT.		
1. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE Molecular-scale Biogeochemical studies of anaerobic, I		U (IV) and Fe (II) oxidatio	no
12. * AREAS AFFECTED BY PROJECT (cities, count California	183, 318183, 616.)		
13. PROPOSED PROJECT:		14. CONGRESSIONAL	L DISTRICTS OF:
Start Date ** Ending Date		a. Applicant	b. * Project
02/01/2007		1910	19th
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO	OR CONTACT INF	ORMATION	
	Middle Name:		* Last Name: Suffix:
	11	N Lightering of I	California Merced
Peggy	* Organizatio		Committee transfer
Peggy Position/Title: Professor	* Organization	W41	
Peggy Position/Title: Professor Department: N/A	Division:	W41	itural Sciences
Peggy Position/Title: Professor Department: N/A * Street1: 5200 North Lake Road	Division: Street2:	W41	itural Sciences
Peggy Position/Title: Professor Department: N/A * Street1: 5200 North Lake Road * City: Merced Co	Division:	W41	itural Sciences
Peggy Position/Title: Professor Department: N/A Street1: 5200 North Lake Road City: Merced Country: USA	Division: Street2:	School of Nat	itural Sciences

JUN 1 3 2006

STATE CLEARING HOUSE

20. Pre-application

Page 2 SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 17. " IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING **ORDER 12372 PROCESS?** a. YES [7] THIS PREAPPLICATION/APPLICATION WAS MADE a. " Total Estimated Project Funding 389,648.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. * Total Federal & Non-Federal Funds 369,646.00 DATE: 06/13/2006 0.00 * Estimated Program Income PROGRAM IS NOT COVERED BY E.O. 12372; OR b. NO PROGRAM HAS NOT BEEN SELECTED BY STATE FOR 18. By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ · I agree * The list of certifications and assurances, or an internat site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative * Last Name: Suffix: Prefix: * First Name: Middle Name: Alley Keith E University of California Merced * Position/Title: Vice Chancellor for Research Organization; Division: School of Natural Sciences Department: Street1: 5200 North Lake Road Street2: - ZIP Code: |95343 * State: CA City: Merced County: Country: USA Fax Number: |209-724-4424 " Email: kalley@ucmerced.edu Phone Number: | 209-724-4341 " Date Signed * Signature of Authorized Representative Completed on submission to Grants.gov Completed on submission to Grants.gov

> OMB Number: 4040-0001 Expiration Date: 04/30/2008

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FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier R9-Tracking No. 05-459		
or contract the contract to th			May 25, 20 3. DATE RECEIVED	DUO RY STATE	State Applica	tion Identifier
1. TYPE OF SUBMISSION:	Pre-applicati	on.				
Application			4. DATE RECEIVED	BY FEDERAL AGE	NCY Federal Ident	ifier
Construction	Construc					
Non-Construction	Non-Cons	truction				
5. APPLICANT INFORMATION Legal Name:				Organizationa	l Unit	
1 - 1			•	Department		
Galifornia Air Resources Board			5733767677774477777777777777777777777777	Division:	a b Bilitar	
Organizational DUNS: 828321871		DE	CEIVED	Administrative	Services Division	erson to be contacted on matters
Address:		111-	JENIVE E	Name and tele	application (give are	ea code)
Street		11.18	1 4 2006	Prefix:	First Name:	**
1001 Street P.O. Box 2815		JUI	1 4 4000	Mr.	Matthew	
City:				Middle Name		•
Sacramento		STATE C	LEARING HOUSE	Last Name		
County: Sacramento	<u> </u>			Singh		
State:	Zip Code 95812			Suffix:		
CA	95612			Email:		
Country: USA				msingh@arb.c		Fax Number (give area code)
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):				(916) 322-9612
68-0288069			•	(916) 322-8201		1
8. TYPE OF APPLICATION:				7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)
☐ Nev	w \$7 co	ntinuatio	n	A. State		
M Pavision enter appropriate let	ter(s) in box(es	s)		Other (specify)		
(See back of form for description	n of letters.)	П	П	1		
Other (anadity)				9. NAME OF F	EDERAL AGENCY:	
Other (specify)				Environmental	Protection Agency	CANT'S PROJECT:
10. CATALOG OF FEDERAL	DOMESTIC AS	SSISTANC	E NUMBER:	D	a control of air pollutic	n emissions as mandated by state
-	• _ 8		66-001	and fordered loss	u movieus of local and l	regional air politiloit control enolog,
TITLE (Name of Program):	3			and other func	tions appropriate to a	chieve air quality standard.
L Air Bolletion Control Program 5	Support		Otataa ata\:			
12. AREAS AFFECTED BY PR	ROJECT (Cities	s, Counties	s, States, etc.).			
State of California					CIONAL DISTRICTS	OE.
13. PROPOSED PROJECT				a. Applicant	SIONAL DISTRICTS	l b. Project
Start Date:	Ending Dat	te:		102		Statewide
TO THE PROPERTY OF THE PROPERT				16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:	•			ORDER 12372		VAPPLICATION WAS MADE
a. Federal \$			6,464,788	a. res. McI AV	AILABLE TO THE ST	ATE EXECUTIVE ORDER 123/2
h Applicant 5			. 00	PR	OCESS FOR REVIE	W ON
b. Applicant 5			20,515,127	—	TE: Signature Date	•
c. State \$			•			
d Local R				ID. NO. LLJ		/ERED BY E. O. 12372
d. Local					PROGRAM HAS NO	T BEEN SELECTED BY STATE
e. Other · \$	•		•		O DEVIEW	
f. Program Income \$			·	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
I. Flogram means			- ar	-		No 🖸 No
g. TOTAL 5			26,979,915 ·	U Yes If "Yes"	attach an explanation	••
18. TO THE BEST OF MY KNO	WLEDGE AN	D BELIEF	, ALL DATA IN THIS A	PPLICATION/PRE	APPLICATION ARE	NT WILL COMPLY WITH THE
DOOLLICHT HAC DEEN DIN Y	AIIIMURIZEL	JBI ING	GOI MINIO DOD.	F THE APPLICAN	ARD IIILA I LIG	
ATTACHED ASSURANCES IF	THE ASSISTA	MCE IS A	WARDED.			
a. Authorized Representative Prefix	First Name				Middle Name	<u>.</u>
Prefix Ms.	Marie				Suffix	
Last Name						(i and and a
b. Title		4			c. Telephone Number (916) 322-8198	(give area code)
Chief. Administrative Services		 			- Data Signed	25 2006
d Signature of Authorized Replie	eachlance M	מי			May	25, 2006 Standard Form 424 (Rev.9-2003)
Previous Edition Usable						Prescribed by OMB Circular A-102
Authorized for Local Reproduction	on					
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CHEDAL ACCIDETANT	^=	2. DATE SUBMITTED		Applicant Identi	fier
EDERAL ASSISTANC		05/16/2006 3. DATE RECEIVED B	V CTATE	State Application Identifier	
TYPE OF SUBMISSION:	Pre-application				
oplication	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifi	əf
Construction Non-Construction	Non-Construction				
APPLICANT INFORMATION	ON		Organizational Unit:		
gal Name:			Department:		
n Pasqual Band of Mission	n Indians		Indian Tribe Division:		
ganizational DUNS: 16113916			Degion 9		son to be contacted on matters
idress:			Involving this appli	e numpur oi pei cation (give are:	code)
reet: '458 North Lake Wohlford I	Road DEC	EIVED	Preflx:	First Name: Rudy	
·		a 5 2006	Middle Name		
ty: alley Center	JUN	1 5 7006	Lest Name Ballon		
ounty: an Diego		- HOUSE	Ballon Suffix:		
ate: A	SIN Code STATE O	LEARING HOUSE			
ountry: SA	The state of the s		Email: rballon@sanpasqua	lindlans.org	Fax Number (give area code)
EMPLOYER IDENTIFICA	TION NUMBER (EIN):		Phone Number (give	ales code)	
95-346938	3 2		(780) 749-3200		(760) 751-3485
TYPE OF APPLICATION	l:		7. TYPE OF APPLIC	CANT: (See bac	k of form for Application Types)
	New Continuat	ion 🗌 Revision	K Indian Tribe		
Revision, enter appropriate ee back of form for descrip	otion of letters.)	.	Other (specify)		
		Ш	9. NAME OF FEDE	RAL AGENCY:	ion Agency
other (specify)	AL DOMESTIC ASSISTA		United States Envir	TITI E OF APPL	CANT'S PROJECT:
"ITLE (Name of Program): RCRA 8001 SWDA Specia	l Purpose Activity: Integral	66-80B			
2. AREAS AFFECTED B	Y PROJECT (Cities, Coun	ties, States, etc.):			
2. AREAS AFFECTED BY	PROJECT (Cities, Count	tles, States, etc.):		NAL DISTRICTS	OF:
2. AREAS AFFECTED BY /alley Center, CA. 92082 3. PROPOSED PROJECT	Y PROJECT (Cities, Count	ties, Stales, etc.):	14. CONGRESSIO	NAL DISTRICTS	b. Project
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2. AREAS AFFECTED BY Valley Center, CA. 92082 3. PROPOSED PROJECT Start Date: 10/01/2006 15. ESTIMATED FUNDING	PROJECT (Cities, Count T Ending Date: 09/30/2007	ties, States, etc.):	14. CONGRESSIO a. Applicant 49th	ON SUBJECT TO	b. Project 49th PEVIEW BY STATE EXECUTIV
2. AREAS AFFECTED BY /alley Center, CA. 92082 3. PROPOSED PROJECT Start Date: 1.0/01/2006 15. ESTIMATED FUNDING	PROJECT (Cities, Count T Ending Date: 09/30/2007	1(les, States, etc.):	14. CONGRESSIO a. Applicant 49th 16. IS APPLICATIO ORDER 12372 PRO a. Yes. THIS F	ON SUBJECT TO OCESS? PREAPPLICATION ABLE TO THE S	b. Project 49th D REVIEW BY STATE EXECUTIV N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 1237
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GMO, PMD-7

FAX NO. 4159473556

PPLICATION FOR		2. DATE SUBMITTED		Applicant Iden	Version 7	
EDERAL ASSISTANCE	<u> </u>			State Application Identifier		
TYPE OF SUBMISSION: pplication	Pre-application	3. DATE RECEIVED BY STATE				
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Y Federal Identifier 06 - 357		
Non-Construction	Non-Construction			00	32 /	
APPLICANT INFORMATION			Organizational Ur	ilt:		
jal Name:			Conortment:		incortos	
y of Nevada City				Public Works/ Eng	ineering	
ganizational DUNS: 00	4948493		Division:			
dress:			Name and teleph	one number of pe	rson to be contacted on matte	
reet:	DE		Involving this ap	First Name:		
7 Broad Street		ULIVED L	Mr.		Mark	
y:	1114	CEIVED	Middle Name			
Nevada City	JUN	- 1 5 2006 	Last Name			
ounty: Nevada	I	i i		ller		
ate: CA	Zip Code STATE CL 9595	EARING HOUSE	Suffix:	· .		
untry:	- Mariannesia	The second liver a control of the latter of	Emall:	@co.nevada.ca.u	S	
USA	ON SUMPER JEIAN		Phone Number (g		Fax Number (give area code)	
EMPLOYER IDENTIFICATI			530-265-2496		530-265-0187	
94-600097	9			ICANT: /Saa ha	ck of form for Application Types)	
TYPE OF APPLICATION:			7. TYPE OF APP	LICANI: (See Da	ok of follor in Machinerian (1994)	
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tevision, enter appropriate le se back of form for description	atter(6) in box(es)	_	Other (specify)			
Dank of folial for accompany	,	Ш	A AVANCE OF FEE	ERAL AGENCY:		
ther (specify)			EPA - Deldre Nu	re		
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D. CATALOG OF PEDERON	- DOMESTIC MODICINA				•	
		68-818	NEVADA CITY N	NNES OPEN SPA	CE ASSESSMENT	
ITLE (Name of Program): BF	ROWNFIELDS ASSESSI	MENT GRANT				
2. AREAS AFFECTED BY	ROJECT (Cities, Counti	ies, States, etc.):				
IEVADA CITY						
3. PROPOSED PROJECT				ONAL DISTRICTS	S OF:	
tan Date:	Ending Date:		a. Applicant	4	b. Project	
цд. 1, 2006	July 31, 2009		16 IS APPLICA	TION SUBJECT T	O REVIEW BY STATE EXECUT	
5. ESTIMATED FUNDING:	· .	_	OBBED 40070 B	ロハヘビをもう		
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f, Program Income	\$	- Qu	17. IS THE APP	LICANT DELING	JENT ON ANY FEDERAL DEB	
		ob .			tion. 12 No	
J. TOTAL	\$	200,000	L. Yes If "Yes"	attach an explanat		
ACUMENT HAS BEEN DU	ILY AUTHORIZED BY 💵	HE GOVEKNING BODY	APPLICATION/PREA OF THE APPLICANT	PPLICATION AR	E TRUE AND CORRECT. THE CANT WILL COMPLY WITH TH	
TTACHED ASSURANCES Authorized Representative	IF THE ASSISTANCE IS	P WAVIDED.				
Drefiv	l First Name	C	RECEIVED	/iddle Name		
Mr.	Mark			Suffix		
Last Name Miller		LL	111 1 0 0000	_		
. Title				:. Telephone Numi 530-265-2496	per (give area cod	
City Manger	Anrestentettus -	7/7 CA		Date Signed	First Control of the Control	
d. Signature of Authorities R	SUPPLIED COL		10, PMD-7	6/8/06		

APPLICATION FOR	_	2 DATE CUDALITIES			Version 7/0
FEDERAL ASSISTANCE		2. DATE SUBMITTED 4/15/06		Applicant Ide	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier
☐ Construction		4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Ident	ifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction		***************************************		
Legal Name:			Organizational	Unit:	
Cabrillo Community College Dis	trict		Department: Career Education	n and Economic De	velonment
Organizational DUNS: 069107373	<i>I</i> ~		Division:	Trana Economic De	velopment
Address:	10		Name and telep	hone number of pe	erson to be contacted on matters
Street: 6500 Soguel Drive	/ UF	CE	involving this a	pplication (give are	ea code)
*		CIVEN	7 Mr.	First Name: Rock	
City: Aptos	1 301	VISO	Middle Name		A MARKONIA
County: Santa Cruz	STATE	CEIVED V 15 2006 ARING HOUSE	Last Name Pfotenhauer		
State: CA	Zip Code 95003	ARING	Suffix:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Country: USA		HOUSE	Email: rock@cabrillo.ed	fu	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (Fax Number (give area code)
77-0385111			831-479-6482		831-477-5239
8. TYPE OF APPLICATION:	,		7. TYPE OF APE	PLICANT: (See bac	k of form for Application Types)
V New		n Revision	State Controlled	Institution of Higher	Learning
If Revision, enter appropriate lette (See back of form for description			Other (specify)	. .	
Other (specify)			9. NAME OF FEI Economic Develo	DERAL AGENCY: opment Administration	on
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:			CANT'S PROJECT:
TITLE (Name of Program): Public Works		11-300	Pajaro Valley Re	gional Training Cen	ter
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	, States, etc.):			
Santa Cruz, Monterey & San Be	nito Counties	,			
13. PROPOSED PROJECT	······································			ONAL DISTRICTS	100000000000000000000000000000000000000
Start Date: January 2006	Ending Date: March 2010		a. Applicant		b. Project 17
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$			ORDER 12372 PI		I/APPLICATION WAS MADE
b. Applicant \$		2,500,000	AVA		ATE EXECUTIVE ORDER 12372
		3,117,500		E: June 14, 2006	
					/FDFD DV F 0 40070
d. Local \$. 00	D. 140.		'ERED BY E. O. 12372
e. Other \$		•		'ROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$			17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		5,617,500 ·		ttach an explanation	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF T			
a. Authorized Representative	First Name		ln 4i	ddle Name	
	First Name Brian				
Last Name King	Land to the second seco			ıffix	
b. Title President/Superintendent	0.		83	Telephone Number 31-479-6306	(give area code)
d. Signature of Authorized Repres	sentative Kum	Kin	e.	Date Signed 6/12	106
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